

## Border Search and Rescue Unit

Questionnaire for Prospective Members www.bordersar.org.uk



cottish Mountain Resour

Thank you for your interest in joining the team. Please fill in the following form and return it to the team secretary at the address below. Your application will be considered by our training committee and the secretary will write to you in due course. Please refer to our **Privacy Policy (http://www.bordersar.org.uk/Privacy-policy)** for information about how we process and deal with your personal information.

Section 1: Personal Details			
Title:		Date	of Birth:
First Name:		Ş	Surname:
Home Address:		Н	lome Tel:
		М	obile Tel:
Postcode:		email	address:
Section 2: Work Details			
Employer:			Job/Post:
Work Tel:			
Section 3: Next of Kin Details			
Name:		Re	lationship:
Address*:		Te	elephone*:
Postcode:		* If differe	ent from above
Section 4: Other Details			
Do you suffer from any medical conditions?	Yes	No	If Yes, please State:
Do you have your own transport?	Yes	No	
Do you know any current members of the unit?	Yes	No	If so, who?
Have you had any criminal convictions?	Yes	No	
Will you allow us to access your DVLA record?	Yes	No	
Please tick to confirm you are willing to join the B	SARU F	PVG Schen	ne 🔲



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## Section 5: Commitment and Availability

A high level of commitment is required by the Unit as it can obviously be called out at any time of day or night th and

usually	without much – if any – n	otice. In addition to call-out	ts the Unit meets once a month below which would best describ	, trains once a mont
•	Are you prepared/allow	ed/able to attend incidents	during working hours?	
	Yes, anytime	Usually, work permitting	Occasionally	No
•	Are you prepared to att 1930-2130)?	end regular Unit meetings o	once a month (Normally first Th	ursday of the mont
	Yes (8 out of 10)	Sometimes (6 out of 10)	Infrequently (4 out of 10)	No
•	Are you prepared to att 1930-2130)?	end regular Unit training or	ice a month (Normally third Th	ursday of the month
	Yes (8 out of 10)	Sometimes (6 out of 10)	Infrequently (4 out of 10)	No
•		rcise once a month, usually uld be able to attend per ye	but not always on a Sunday, p ar?	lease indicate how
	1-3	4-6	7-9	10-12
Do you If so, pl	Navigation Winter Walking Winter Skills First Aid hold a current First Aid C	ertificate? Yes/No	Summer Walking Rope Work Radio Communications Fitness  Dewing, 4x4 etc):	ing excellent
•	ave any other skills releva ry of your hill walking/mo	• •	lease give details below. You s	hould also include a
I confir	m I have read and agree t	o the BSARU Privacy Policy	regarding the use of the inform	nation given above:

Thank you for taking the time to complete the application form. All information given is used only to assess your suitability to begin training. Please return the form to the secretary at address below.

Signature:\_\_\_\_\_ Date: \_\_\_\_\_