



TRAINEE SKI INSTRUCTOR APPLICATION

CLOSING DATE FOR APPLICATIONS 19 JUNE 2017

General Information

SURNAME: MR MRS MS MISS

FIRST NAMES:

DATE OF BIRTH:

ADDRESS:

POSTCODE:

CONTACT NUMBERS:

HOME/MOBILE:

EMAIL:

IF UNDER 18, DETAILS OF PARENT OR GUARDIAN

SURNAME: MR MRS MS MISS

FIRST NAMES:

RELATIONSHIP:

ADDRESS:

POSTCODE:

PLEASE LIST ANY MEDICAL CONDITIONS:

Ski Ability Level

SEE INFORMATION LEAFLET FOR FULL DETAILS OF SKI LEVELS

0 ABSOLUTE BEGINNER 1 2 3 4 5 6 7 8 9

ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION/SKIING EXPERIENCE/INTERESTS/ OTHER SPORTS

WHY DO YOU WANT TO BECOME A SKI INSTRUCTOR?