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**EUROPEAN CONSERVATION ACTION NETWORK**

**EuCAN CIC**

**VISIT TO LA BRENNE, CENTRAL FRANCE**

**Visit to La Brenne, central France**

Thursday July 6th – Thursday July 13th 2017

**Participant Registration Form**

# Please complete one form per person

*The information will be held in confidence in accordance with the Data Protection Act, and referenced by the leader(s) in case of an emergency whilst on the placement.*

*We may use your personal details in order to contact you.*

**Your Details**

Title ………. Surname …………………………………………………. Gender…………….

Forename……………………………………… Date of Birth…………………

Address ……………………………………………………………………………….

…………………………………………………………………………………… Postcode…………..

Telephone contact numbers Daytime…………………………….

 Evenings…………………………….

 Mobile………………………………

Email Address………………………………………………………..

Present Occupation…………………………………………National Insurance No. …………………

**Emergency Contact *you must give the details of someone we can contact in case of an emergency***

## Name……………………………………… Telephone no. ……………………………

Emergency Contact email address: ……………………………………………………………..

Relationship to you……………………………………………

GP practice / Tel contact: ………………………………………………………………………..

***Participants will receive contact details for other members of the group so that you can travel together. We strongly encourage you to agree to your details being included on this list, but if you do not wish to do so,***

**please indicate this here*…………………………***

***We would like to be able use the photos from our visits for publicity purposes, website etc.* Please indicate here if you do not want photos that include you or that were taken by you to be used in this way …………………….**

**First Aid Qualifications: ………………………………………….**

Certificate Expiry Date …………………..

**Do you hold a PCV Drivers Licence? ……………………………………..Expiry Date………….**

**Do you have any qualifications in Health and Safety/Risk Assessment/Food Hygiene? ………….**

**If so, please give details: …………………………………………………………………………………**

**Diet**

Have you any special dietary needs? It should be possible to accommodate some special diets (but no promises, the French tend to be carnivores and omelettes seem to appear with great regularity for vegetarians!)

Are you a vegetarian?...............

Indicate whether you eat Fish……………………………

 Cheese………………………….

 Eggs……………………………

**Language(s) spoken in addition to English ……………………………………..**

Health and Fitness considerations

Please note here any relevant health details eg. allergies, asthma etc. and the sort of activities these might prevent you from doing.

……………………………………………………………………………………………………………….

Please note any mental or physical difficulties and any activities these may prevent you from doing.

……………………………………………………………………………………………………………….

To ensure First Aiders are aware of relevant information, please inform us of any medication you are taking

…………………………………………………………………………………………………………………

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**Accommodation:** Please tick preference

* + - * Single room with ensuite facilities (limited availability)
			* Twin-room with ensuite facitlities
			* Single room
			* Sharing with another person in the group of the same sex, ensuite facilities.
			* Sharing with another person in the group of the same sex, without ensuite facilities

Do you have any access requirements?

**Insurance:** you will need to take out insurance cover for your personal belongings and medical expenses once this holiday is confirmed. You should also make sure you have an International Health Card which you can obtain free (be careful, some providers make a charge).

**Report**

**Although this visit is not a fully funded placement, we would very much appreciate a report of some sort from you afterwards which can be published on our website and/or in a journal or website that you are involved with. This is very useful for disseminating information about this project and also enables us to assess the benefits of the placement to you and to our organisation.**

**Cost of the holiday:**

En-suite accommodation in the ‘Meunière’ gîte): £610 per person in a twin-room

Accommodation in the adjacent ‘Moulin’ gîte with shared toilet and washing facilities: £585 per person in a twin-room.

The tariff does not include meals and refreshments on the journeys or drinks with the meals while we are there (we will buy bottled water to accompany the picnics). It does include breakfasts each day in France, picnics which we will buy locally, the 4 evening meals which we will cook communally in the gîte and the two evening meals we will eat in the village hotel.

Booking/Deposit:

A deposit of £100 per person is due to reserve a place on this holiday. Please transfer the money by BACS to the EuCAN CIC bank account with ‘Brenne + your name’ as the payment reference and email this registration form to nigelspring@yahoo.co.uk . At the same time please post the signed registration form to Nigel Spring at the address below.

Bank details:

Account name: EuCAN Community Interest Company, Sort Code: 08.92.99. A/c no. 65472987

If BACS transfers are not possible, please make cheques payable to EuCAN Community Interest Company and post with the signed booking form to:

Nigel Spring, 346, Mundens Lane, Alweston, Sherborne, Dorset DT9 5HU

The balance of the fee will be due by May 31st 2017 before which reminders and joining instructions will be sent out.

Cancellations: the deposit is non-refundable.

In the event of cancellation after the balance has been paid: before May 31st 50% of the balance will be forfeited, after May 31st the whole fee may be forfeited - unless the place can be filled.

***I have read and understood the above and the information on the EuCAN website advertising the holiday***

***and agree to the Terms and Conditions of the booking.***

 ***I have transferred £…… to the EuCAN CIC bank account as a deposit.***

 ***Signed: Date:***

Could you complete this registration form and return it by email as soon as possible please to *nigelspring@yahoo.co.uk* and also post a signed copy of it to

Nigel Spring, 346, Munden’s Lane, Alweston, Sherborne, Dorset DT9 5HU.