![C:\Users\hma\AppData\Local\Microsoft\Windows\Temporary Internet Files\Low\Content.IE5\6R4QI2MO\Walking_for_Health_Logo_RGB_highres[1].jpg]()

**Volunteer Walk Leader Training Booking Form**

 Tuesday 14th January 2019 10:00 am – 2:00 pm

 Venue TBC

**Your details**

Name…………………………………………………………………………………………………………………

Address…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………..Postcode………………………………………………..

Tel…………………………………………………………

Mobile…………………………………………………..

Email……………………………………………………………………………………………………………………

**Why are you applying to be trained as a health walk leader?**

**....……...................................................………………………………………………………………………………………**

**…………………………………………………………………………………………………………………………………………………….**

**Which walk or walks do you currently attend?**

**...........................................................................................................................................**

**…………………………………………………………………………………………………………………………………………………….**

**Which walk or walks are you interested in leading or back marking for?**

**......................................................................................................................................................**

**.......................................................…………………………………………………………………………………………**

**How often would you like to lead or back mark? (please select one answer)**

* **Several times per week**
* **Once per week**
* **Once or twice a month**
* **A few times a year**
* **Not sure**

**PTO**

**Do you have any other experience, skills or interests you would like to mention?**

e.g. First aid, member of a local history group, wildlife trust

….**…………………………………………………………………………………………………………………………........................**

**..........................................................................................................................................**

**Do you have any special requirements when attending a training course?** Please give details

**…………………………………………………………………………………………………………………………………………………….**

**.……………………………………………………………………………………………………………………………………………………**

**Refreshments are provided. Please bring with you your own lunch for the day.**

**PTO**

**Using and sharing your information**

Your information will be held by Winchester City Council in order to update you on the training and issue your certificate. Under the General Data Protection Regulation (GDPR) your information will not be shared with any other parties.

Are you happy for Winchester City Council to keep your details for the training administration purposesonly  **Yes / No\***

**Signed:…………………………………………………………………………………………………………..Date:………………………………..**

Please return this form:

by post

Chloe Davanna

Sport and Physical Activity Officer

Winchester City Council

Colebrook Street

Winchester

SO23 9LJ

by email

cdavanna@winchester.gov.uk

or to talk to someone about the training call:

01962 848 493

