



Border Search and Rescue Unit

Questionnaire for Prospective Members
www.bordersar.org.uk



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: _____ Surname: _____

Home Address: _____ Home Tel: _____

_____ Mobile Tel: _____

Postcode: _____ email address: _____

Section 2: Work Details

Employer: _____ Job/Post: _____

Work Tel: _____

Section 3: Next of Kin Details

Name: _____ Relationship: _____

Address*: _____ Telephone*: _____

Postcode: _____ * If different 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

PTO



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Scottish Mountain Rescue

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 usually without much – if any – notice. In addition to call-outs the Unit meets once a month, trains once a month and has an exercise once a month. **Please circle** the answer below which would best describe your availability.

- Are you prepared/allowed/able to attend incidents during working hours?
Yes, anytime Usually, work permitting Occasionally No
- Are you prepared to attend regular Unit meetings once a month (Normally first Thursday of the month 1930-2130)?
Yes (8 out of 10) Sometimes (6 out of 10) Infrequently (4 out of 10) No
- Are you prepared to attend regular Unit training once a month (Normally third Thursday of the month 1930-2130)?
Yes (8 out of 10) Sometimes (6 out of 10) Infrequently (4 out of 10) No
- The Unit holds a hill exercise once a month, usually but not always on a Sunday, please indicate how many you think you would be able to attend per year?
1-3 4-6 7-9 10-12

Section 6: Personal Skills

Please rate yourself in the following areas from 0 to 5, with 0 being no experience and 5 being excellent

Navigation		Summer Walking	
Winter Walking		Rope Work	
Winter Skills		Radio Communications	
First Aid		Fitness	

Do you hold a current First Aid Certificate? Yes/No

If so, please give details and renewal date: _____

Please list any other driving qualifications you hold (trailer towing, 4x4 etc):

If you have any other skills relevant to the role of the Unit, please give details below. You should also include a summary of your hill walking/mountaineering experience:

I confirm I have read and agree to the BSARU Privacy Policy regarding the use of the information given above:

Signature: _____ Date: _____

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.