



# Veteran Camp Registration

Please complete the form below to register: Once complete, please return it to us with your supporting documentation. We will be in touch once we receive it.

## Personal Information

Full Name:				D.O.B:	
Address:	NI Number:				
	Service Number:				
	Rank:				
	Served With:		Army / Navy / Air Force / Merchant Navy		
	Phone No:				
Postcode:					
Email:					

Contact Preference:	<input type="checkbox"/> Email	<input type="checkbox"/> Phone	<input type="checkbox"/> Post
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## Enrolment

Do you have the flexibility to attend at short notice? <i>This could be anything from 1 to 7 days</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Please tick which of the following are you interested in attending.

**Full Program**  
Committing to 4 camps in the year you are invited to attend.  
Held in April, July October & January

Full Program

**Single Camps**  
No commitment and attend on a one-off occasion when a place becomes available to you.

Single Camps

**Local Activities**  
Held throughout the year, in various locations. a day or two at a time, taking part one or more activities.

Local Activities

## Health and Well Being

Completing these sections will enable us to provide the most suitable activities for you and ensure you have a safe experience.

Which of the following do you suffer with?	<input type="checkbox"/> A. Mental Health	<input type="checkbox"/> B. Physical Health or Disabilities	<input type="checkbox"/> Social Isolation
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### A. Mental Health

**A1.** If you suffer from any **Mental Health Illnesses** - please state here in brief; What diagnoses, triggers and/or symptoms you have.

*- If you do not suffer from any Mental Health illnesses please go to section B on the next page.*

**A2.** Do you take any medication or remedies for these?  Yes  No  Self-Managed

List medications here:

**A3.** Do you use any aids?  Carer/Support Person  Assistance Dog  Other

**A4.** Do you need any specific assistance from Outpost Volunteers or suppliers at camps? If so, please give details.

**B. Physical Health/Disabilities**

**B1.** If you suffer **Physical Health illness/Disabilities** – please state in brief; your illnesses/disabilities and any symptoms  
 – If you do not suffer from a Physical Health illness/Disability please go to section C.

**B2. Rate on the scale** how much pain you experience on an average day. 1 = None – 10 = Unbearable

1	2	3	4	5	6	7	8	9	10
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**B3.** Where on your body do you get this pain?

**B4.** Do you take any medication or remedies for these?  Yes  No  Self-Managed

List medications here:

**B5.** Does pain intensify during or after exercise?  Yes  No

**B6.** Do you use any aids?  Walking Sticks/Crutches  Prosthetics  Wheelchair  Carer  Assistance Dog

**B7.** Do you need any specific assistance from Outpost Volunteers or suppliers at camps? If so, please give details.

**C. Night Times** - If you do not suffer from any night time issues please go to section D.

**C1.** Do you?  Snore  Sleepwalk  Have Nightmares

**C2.** Do you need any specific assistance from Outpost Volunteers or suppliers at camp? If so, please give details.

**D. Allergies & Intolerances** - If you do not suffer from any allergies please go to the next section.

**D1.** Do you have any allergies/Intolerances?  Foods / Drinks  Medications  Insects

**D2.** If you have ticked any of the above or you have allergies/intolerances to anything else, please give details here.

**Abilities**

**1.** How far do you feel you can walk on UNEVEN ground?  < 1 Mile  1 – 2 Miles  3+ Miles

**2.** Can you sit on the floor and get back up again unaided?  Yes  No

**3.** Would walking up or down a hill gradient of approx.35 degree give you any physical problems?  Yes  No

## Activities

In this section is a list of activities we can provide. Please bear in mind we don't do all these activities at every camp.

<i>Please tick below if your happy to take part in ALL</i>	<b>OR</b>	<i>please circle the activities you would be happy to engage in at camps.</i>			
<input type="checkbox"/> ALL Sports	Archery	Volley Ball	Football	Cricket	Badminton
<input type="checkbox"/> All Adventure	Abseiling	Rock Climbing	Canyoning	Gorge Walking	Coasteering
<input type="checkbox"/> All Water Sports	Kayaking	Canoeing	Stand Up Paddle	Peddle Boat	Sailing
<input type="checkbox"/> All Walks	Beach Walks,	Hill Walking	Forest Walks		
<input type="checkbox"/> All Activities	Arts & Crafts	Paracord Making	Fishing	Kite Flying	Games -i.e Boules

Is there any sports/activities you feel you cannot physically do or that you really don't want to do? If so list them below.

**If you're unsure if you should take part in an activity for medical reasons please consult your GP before submitting this form.**

## Travel Information & General

1. How will you be travelling to camps?	<input type="checkbox"/> Car	<input type="checkbox"/> Bus	<input type="checkbox"/> Train	<input type="checkbox"/> Other
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2. Would you be willing to car share?	<input type="checkbox"/> Yes, I am willing to drive other veterans to camps
On occasions there may be a veteran local to you who may benefit from a car share. We would always speak to both parties in advance to make any necessary arrangements.	<input type="checkbox"/> Yes, I am willing to be driven to camp by other veterans
	<input type="checkbox"/> No, I would rather not car share

We may be able to help and provide financial assistance towards travel costs for low income households.

3. Would you like to apply for assistance with travel costs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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We will send you an application form when you confirm your attendance for a camp. Please note we cannot under any circumstance provide any financial support without the relevant application and documentation being submitted first.

4. Do you have any concerns with assistance dogs attending the camps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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## Supporting Documentation

**Before we can place you the waiting list** - we will need some supporting documentation from you. You can either email it to us at [info@outpostcharity.org](mailto:info@outpostcharity.org) OR send it to us - Outpost Charity, Lael View, Loch Broom, Ullapool, IV23 2RS

(We can accept copies or photos, scanned or sent to us, of supporting documentation however they must be clear and readable)

Type of Supporting Documentation we accept are: (please send one of each)

Proof of **ID** – This could a Passport or Driving Licence

Proof of Military **SERVICE** – This could be a Red Book, Discharge Papers or Certificate of Service

Proof of **ADDRESS** – This could be a Bank Statement, Utility Bill, Benefit or Medical Letter

If for any reason you do not have any of the requested supporting documentation please let us know.

## Declaration

By completing this form, I confirm the information I've given is true and correct. I understand Outpost Charity will process my data & protect it in accordance with General Data Protection Regulations and that Outpost Charity will not share my information with any third party without my explicit consent \*

Signed \_\_\_\_\_ Date \_\_\_\_\_