

Application Form

(To be completed by all applicants)



1 Your Personal Details

Surname	Forenames
	Preferred name
Address & Business Name	
Telephone	Mobile
E-mail	

2 Your interest in the Know Your North Pennines programme

What is your current involvement with tourism in the North Pennines?

What you would like to gain personally /professionally from taking part in this training?

Please continue overleaf

Know Your North Pennines
is a Pennine Horizons project
and is supported by

NORTH PENNINES AGNB PARTNERSHIP
Working together for the North Pennines



3 Accessing the training days, field work & dietary needs

Do you have your own means of transport to access venues?

Yes/No

Are you willing for your contact details to be circulated with a view to lift sharing to venues?

Yes/No

Do you have a physical or other disability, or medical condition that necessitates particular arrangements at venues, for accessing transport e.g. coach, or for fieldwork?

Yes/No

Do you have any specific dietary needs?

Yes/No

Please add any further information you feel would be useful in the space below, or on a separate sheet

Applicants signature

Date

Countersigned by line manager if applicable

Please tick

I would prefer to pay for my KYNP training course in 1 payment of £110 yes

I would prefer to pay for my KYNP training course in 2 payments of £60 yes

Know Your North Pennines is funded by

NORTH PENNINES
Area of Outstanding Natural Beauty

