

## Trainee Detail

Trainee Contact Details	
Name	
Address 1.	
Address 2.	
Address 3.	
County	Postcode

Mobile no.	Home no.	Email
Facebook Name:	Twitter name:	

Have you previously participated in a Sail Training Voyage?	If yes when was your last voyage	Are you participating in the Gaisce award scheme? If so please state bronze, silver or gold
Yes/No		Yes/No

Trainee Personal Details	
D.O.B.	Age
Gender	
Passport no.	Date of Expiry
Nationality	Place of Birth

Trainee Reference Details	
Nominating Organisation	
Contact Person	
Position	
Contact Email	
Contact Phone	

Voyage	
Please specify what voyage you are interested in	<b>Tall Ships Regatta 2018 - Supported DCC NEIC &amp; Dublin Port Company</b>
Vessel: TBC	Dates: 27 <sup>th</sup> May – 2 <sup>nd</sup> June 2018

Sailing Qualifications if any	Sailing Experience if any
*** Please List any sailing qualifications	*** Please list any sailing experience

I accept that water sports are hazardous by nature and I declare that I am physically fit to take part in sailing activities. I confirm that I will comply with all safety regulations as requested by the crew of Maybe Sailing.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



SAIL TRAINING  
IRELAND



<b>Emergency Contact Details</b>	
<b>Emergency Contact 1.</b>	
<b>Name</b>	
<b>Relationship to the trainee</b>	
<b>Number (please include prefix)</b>	
<b>Email</b>	
<b>Emergency Contact 2.</b>	
<b>Name/</b>	
<b>Relationship to the trainee</b>	
<b>Number (please include prefix)</b>	
<b>Email</b>	

**Medical History-Please mark the appropriate boxes. If the trainee has/had any of the following:**

Learning disability/difficulty including autism, Asperger's or dyspraxia.		Allergies, including allergies to medication.	
Epilepsy, fits, fainting, black outs or loss of consciousness		Regular use of medication/ drugs	
Anxiety/ Depression or Social Disorder		Heart condition	
Wheelchair user		AIDS/HIV	
Physical Disability		Hepatitis	
ADD, ADHD, ODD		Asthma / Bronchitis	
Hearing impaired		Any serious illness	
Visually impaired		Any serious operation	
Diabetes		Other Please state	
Severe headaches		Travel sickness	

**NOTE: Past or current medical conditions, set out above, will not necessarily preclude a trainee from being accepted for a voyage - but in the interests of safety, we MUST be aware of all conditions.**

Medical History- If you have marked any of the boxes above please provide further details:

Are you currently taking any medication? If so please specify:

Are you suffering or recovering from any injuries which may affect your sailing?

**Dietary Requirements**

Are you Vegetarian? Yes / No

Are you Vegan? Yes / No

Do you have any food allergies or other dietary requirements?



SAIL TRAINING IRELAND



Medical Consent

I give permission to the organisers of activities during the period of \_\_\_\_\_(dd/mm/yy) to \_\_\_\_\_ (dd/mm/yy) to administer any relevant treatment or medication to the above named participant when or if necessary.

In an emergency situation I authorise the organisers to take the above named to hospital and give my full permission for any treatment required to be carried out in accordance with the diagnosis given by a medical professional.

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

Full Name (please print): \_\_\_\_\_

Trainee Undertaking

I..... Agree to make a commitment to:

- 1. Accept that there are risks associated with a sailing voyage and in order to minimise those risks I undertake to follow the rules and guidelines as directed by the professional crew and youth mentors on board.
2. I will not possess, transport or consume, or be under the influence of illegal drugs at any time during the voyage or in the travel to and from the voyage.
3. I accept that it is illegal to consume alcohol under the legal age limit (18) and in doing so will affect my participation in this voyage.
4. I give permission to the organisers of activities during the voyage to administer any relevant treatment or medication to the above named participant when or if necessary.
5. In an emergency situation I authorise the organisers to take me to hospital and give my full permission for any treatment required to be carried out in accordance with the diagnosis given by a medical professional.

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

Please email form to the address below

Email: info@sailtrainingireland.com

Phone: (01) 816 8866

Manager: Daragh Sheridan

Manager Trainee Programme: Sindy Offer

The Role of Sail Training Ireland

Please note:

Sail Training Ireland is available for your assistance and information but does not directly operate any vessels or voyages. Sail Training Ireland acts as a referring organisation for the ship operators and as an administrator for various streams of funding. Once the referral has taken place Sail Training Ireland is not responsible for the running and operation of the resulting voyage that may take place thereafter. It is important to be aware that sail training is an adventure activity in an intense environment at sea, which, by its nature, can be both mentally and physically challenging and carries with it some inherent risks. Sail Training Ireland can offer no warranty as to your suitability to the experience. Responsibility for all aspects of the voyage including safety lies solely with the vessel owner/operator and the ships master. If there are any medical, behavioural or other details that are important for us to be aware of in terms of your safe participation in a voyage, it is your responsibility AND that of your parent/guardian/nominating organisation to declare this information to us. We will do our utmost to identify a ship that can accommodate your needs.