

## **SAS - ARE YOU TOUGH ENOUGH? APPLICATION FORM**

The third series of “SAS Are you tough enough?” will follow 30 people attempting to complete a gruelling course based on the SAS selection process. The six part series will be shown on BBC2.

There will be an initial one day selection in on either 6<sup>th</sup> or 7<sup>th</sup> September – those who make it through the first round will take part in up to 3 weeks of SAS training in November 2003, designed and run by ex members of the SAS. It is designed to be extremely tough - we are keeping it as authentic as possible. Of the 30 people who begin, very few will complete it.

If your application is successful we will contact your employer and request that they allow you the time off work to participate in the programme.

*Please answer all questions fully and truthfully and return the completed form by August 20<sup>th</sup> 2003 to Emily Conroy, Room 5218, BBC White City, 201 Wood Lane, London W12 7TS.*

*Please enclose a video of yourself if possible, otherwise a photo will suffice). N.B. Photos or videos cannot be returned so please make copies! Good luck.*

Name:.....

Age:.....

Sex:.....

Height:..... Weight:.....

Occupation:.....

Nationality:.....

Address:.....  
.....

Contact phone numbers:.....

Email address : .....

Did you apply to take part in the previous series of SAS: Are You Tough Enough?.....Yes.....No (Please circle)

Can you Swim?.....Yes.....No (Please circle)

Can you Ski?.....Yes.....NO (please circle)

Are you afraid of heights?.....yes.....no.....

Who to contact in an emergency:.....  
.....  
.....

Do you smoke? If so how many per day?:.....

How many units of alcohol do you consume per week?:.....  
.....

Do you have any particular dietary requirements?.....  
.....  
.....  
.....

Are you on any medication (give details):.....  
.....  
.....

Give details including dates of any surgical operations you have had:.....  
.....  
.....

What is your Blood Group?(if known)  
.....  
.....

Do you have an up to date record of your immunisation history?.....  
.....

Are you currently or have you ever been in the armed forces? (give details).....

Are you currently or have you ever been employed by the BBC? (give details)..

Describe in less than 200 words your weekly fitness regime:.....

What is your favourite exercise?.....

What is your least favourite exercise?.....

What interests you about this programme?:.....

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[illegible][illegible]

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.....

How would you prepare mentally for the course?:.....

.....  
.....  
.....

What are your strengths as an individual?:.....

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What are your strengths as a team player?:.....

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What are your greatest weaknesses?:.....

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.....

Describe yourself as honestly as you can in 3 words:.....

.....

Give details of any sporting achievements / awards:.....

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.....  
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What is your greatest ambition?:.....  
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Is there any additional information about yourself you feel might aid your application:.....  
.....  
.....  
.....

Would you be available for three weeks in November 2003 for the course? (*We can discuss this with your employers on your behalf*)  
.....

How did you hear about the show?.....

Please provide the following clothing details:

Inside Leg (inches):

Waist (inches):

UK Shoe size:

Chest (inches):

Passport Details:

What type of passport do you have?.....  
.....

Will your passport be valid for 6 months from September 2003?.....  
.....

**Fitness To Participate Questionnaire****SAS Are You Tough Enough?****Recording date tba****SECTION 1 *About Yourself: (Please print your details on the form)***

Name:	
Address:	
Tel No:	
Date of Birth:	

Have you **ever** suffered from any of the following complaints?

High/low blood pressure	Yes/No	Diabetes	Yes/No	Epilepsy	Yes/No
Asthma	Yes/No				
Heart Complaints	Yes/No	Back or Neck Injury	Yes/No	An Allergy or Phobia	Yes/No

**If you have answered Yes to Section 1** is the condition under medical control? Yes / No

Do you need to have medication with you during activity? Yes / No

If the answer is yes how is the form of medication taken?
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Are you pregnant or breastfeeding Yes/No

Others - Please outline any other major illness, musculoskeletal injuries (such as fractures, muscle strains or joint sprains) or disabilities, which may affect participation: Include the date and time of injury and whether it needed medical supervision

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**SECTION 2 *Are you Fit?***

Circle the number of hours exercise (that makes you slightly breathless) that you complete during a typical week.

<b>HOURS</b>	<b>Less than 1</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>	<b>more</b>
Type of Exercise								
Please state if there is any form of physical activity that would not suit you or make your existing condition worse.								

*If there is a change in the above information before the recording date you are required to advise the programme***SECTION 3 *About your Doctor:***

Name:	
Address:	
Tel No:	

Signed:	Print Name:	Date:
If Under 18 years of Age Parent/Guardian must sign below		
Parent/Guardian Signature:	Date:	

For Official use only	
Signature of Producer:	Date

