

Full
Name:



Certificate in Outdoor Education Student Application Questionnaire

Please answer the following questions to the best of your ability. There are no right answers for these questions. The purpose is to give us an insight into your level of prior learning as it relates to this programme.

1. What has made you choose Tai Poutini Polytechnic as your place of study?

2. How does this programme fit into your plans/ambitions for the future?

3. Describe your ability as a swimmer (cold fresh water) tick one only:

Strong

Average

Poor

Can't Swim

4. Time yourself. How long does it take you to complete a 5 km run?

5. How well do you communicate and relate to people?

6. Do you hold a current (completed within six months of programme start) First Aid Certificate, which includes NZQA units 6400, 6401, 6402 or equivalent?

Yes

No

If not, when are you planning to gain it?

7. Employment Record

Please state any part time and/or full time, including holiday employment, work---based training and voluntary work.

Employer's Name	Employer's Phone/ Fax Number	Type of Work	Dates From --- To	Full or Part Time

8. Offences

Have you been convicted of a criminal offence within the past ten years, or are you currently being charged with a criminal offence? If yes, please explain.

9. Referees

Please provide the names of two referees who may be contacted by us.

Name:

Relationship to referee:

Telephone: Day Night

Name:

Relationship to referee:

Telephone: Day Night

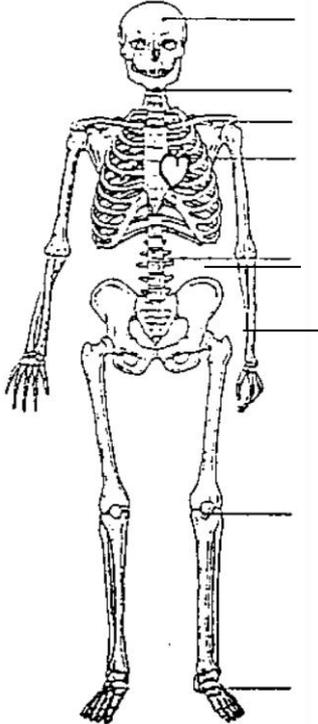
PLEASE COMPLETE

Pursuit	Approximate Number of Days Spent Involved in Pursuit	Competency Levels Reached i.e. beginner/intermediate/advanced	Location Where Mainly Involved in this Pursuit	Any Formal Training? (state who with)
Tramping Below Bushline Above Bushline				
Mountaineering				
Rock Climbing Natural Rock Indoor Walls				
Kayaking Flatwater Rivers Surf				
Sea Kayaking				
Rafting				
Other (please state):				

CONFIDENTIAL MEDICAL INFORMATION

Please read this carefully: Medical conditions do not necessarily prevent you from participation in our programme. In the interest of safety could you please indicate with a tick (✓) if you have ever suffered from, or do suffer from any of the following.

Injuries to:



- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Head | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Shoulder/Arm | <input type="checkbox"/> Claustrophobia |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Haemophilia |
| <input type="checkbox"/> Spine/Back | <input type="checkbox"/> Allergies (bee stings, etc) |
| <input type="checkbox"/> Pelvis/Hip | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Episodes of depression, anxiety or breakdowns. |
| <input type="checkbox"/> Knee | <input type="checkbox"/> Other (e.g. serious illness, operation or injury) |
-

I have trouble:

- Seeing
- Hearing
- Speaking English
- Swimming/Floating

I consider my health to be:

- Excellent Good Restricted Fair

Reasons why:

My current weight is: kg My current height is: cm

Are you on any medication? (If so, please state.)

Are you allergic to anything? (If so, please state)

In case of emergency who should be contacted?

Name:

Relationship:

Telephone: Day Night

Mobile

From time to time the programme will be remote from immediate hospital or medical care. By signing this form you are giving consent to receive medical treatment from the tutor(s) and/or medical personnel in an emergency situation. You are also allowing your medical information to be supplied to all tutors employed to teach you on the programme. This information will otherwise be treated as confidential.

FITNESS DECLARATION

It is the responsibility of the student to maintain his/her personal fitness at the level required to participate in all practical components of the programme. This is a Health and Safety requirement, not only for the individual concerned, but also for staff and other students in the group.

Failure to maintain fitness at the required level will result in the Polytechnic withdrawing the student from those practical components of the programme wherein the student's lack of fitness poses a safety risk. Such withdrawal will not entitle the student to any fee refund.

I agree to the above conditions of entry to outdoor recreation programmes.

ACKNOWLEDGEMENT OF RISK

By signing this form, I acknowledge that there are inherent risks involved in the outdoor activities I will be participating / training in whilst studying outdoor pursuits programmes at Tai Poutini Polytechnic. I understand that Tai Poutini Polytechnic will take all practicable steps possible to ensure my safety, however my safety cannot be absolutely guaranteed.

DECLARATION

I certify that the details given on this form are correct and that, if accepted for this programme, I will observe such rules and conditions as may be required by Tai Poutini Polytechnic.

Applicants must hold a current (completed within six months of programme start) First Aid Certificate, which includes NZQA units 6400, 6401, 6402 or equivalent.

Please upload a copy of your first aid certificate when submitting your application for enrolment. If you don't yet have it, please ensure that we receive a copy prior to the start of the programme.