

## Certificate in Ski Patrol Student Application Questionnaire

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*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 program.*

1. What outdoor experience have you had (state the years involved and the depth of experience and level of responsibility?)

A) Work based

B) Recreational

2. Why do you wish to be considered for this programme?

3. What special strengths will you bring to this programme?

4. What are your weaknesses?

5. How would you describe your character?

6. What have you done that shows you have the dedication and time management skills needed to complete a full time programme of study?

7. On a scale of 1 to 5 indicate how confident you are working in a group environment?

*Very confident*                      1      2      3      4      5                      *Not confident*

8. On a scale of 1 to 5 indicate how well you relate and communicate with others?

*Very confident*                      1      2      3      4      5                      *Not confident*

**9. Employment Record**

Please state any part time and/or full time employment you have had (including holiday work, work-based training, and voluntary work).

Employer's Name	Employer's Phone	Type of Work	Full time or part time	Period From	To

10. Do you have any difficulties with learning e.g. remembering instructions, reading or writing? (We can provide you with assistance)

Yes                      No

If yes, please provide details (which will be kept confidential):

11. Have you been convicted of a criminal offence in the last ten years, or are you currently being processed for a criminal offence?

Yes                      No

If yes, please provide details:

12. Referees

Please provide the names of two referees who may be contacted by us.  
**(We prefer people who can give feedback on your work experience, study skills and/or teamwork abilities.)**

Name:

Relationship to referee:

Telephone: Day:  Night:

Name:

Relationship to referee:

Telephone: Day:  Night:

13. **Personal Assessment of Skiing and Boarding Ability**

[If you ski and ride answer for both]

**Describe your ability as a skier**

**On Piste Conditions** - tick one box only

Expert              Strong Intermediate              Intermediate              Beginner

**Off Piste Conditions** - tick one box only

Expert              Strong Intermediate              Intermediate              Beginner

**Describe your ability as a snow boarder**

**On Piste Conditions** - tick one box only

Expert              Strong Intermediate              Intermediate              Beginner

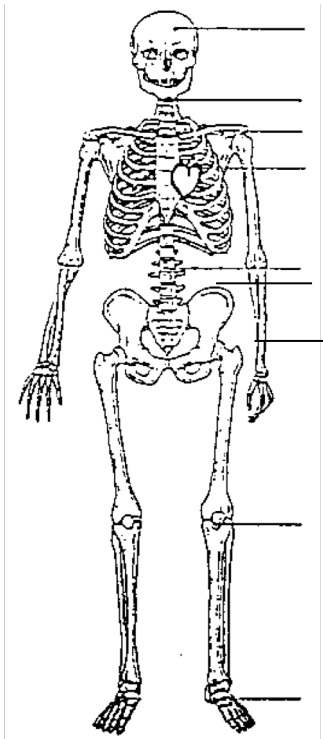
**Off Piste Conditions** - tick one box only

Expert              Strong Intermediate              Intermediate              Beginner

## 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:**



- |              |                                                   |
|--------------|---------------------------------------------------|
| Head         | Asthma                                            |
| Neck         | Diabetes                                          |
| Shoulder/Arm | Claustrophobia                                    |
| Heart        | Haemophilia                                       |
| Spine/Back   | Allergies (bee stings, etc)                       |
| Pelvis/Hip   | Epilepsy                                          |
| Wrist        | Episodes of depression, anxiety or breakdowns.    |
|              | Other (e.g. serious illness, operation or injury) |
| Knee         | _____                                             |
|              | <b>I have trouble :</b>                           |
| Ankle        | Seeing                                            |
|              | Hearing                                           |
|              | Speaking English                                  |
|              | Swimming/Floating                                 |

I consider my health to be:

- Excellent                       Good                       Restricted                       Fair

Reasons why:

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 Phone

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.

**SHARING OF CONTACT INFORMATION**

I consent to my contact details (as showing below) being given to other students enrolled in the Ski Patrol programme by the staff of the Mountain Education Centre or Tai Poutini Polytechnic, so that we may contact each other to arrange accommodation, transport, etc.

I **do** consent                      I do **not** consent

Please fill in the box below if you consent to the above.

<b>Name:</b> [please type out]			
<b>Current Address:</b>			
<b>Land line:</b>		<b>Cell phone:</b>	
<b>Skype Name:</b>			