

## SUPPORT WORKER ENROLMENT FORM

**PLEASE COMPLETE AND RETURN TO:** Outward Bound Trust of New Zealand • PO Box 25 274 • Wellington 6146 • NEW ZEALAND  
 Fax: (04) 472 8059 Email: enrol@outwardbound.co.nz Physical: level 1, 4 Queens Wharf, TSB Arena, WELLINGTON 6011

### 1. PERSONAL DETAILS

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Date of birth	Age
	Female <input type="checkbox"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

Are you a New Zealand Citizen/resident or Australian/Pacific Island Citizen? Yes  No

If 'No' please email info@outwardbound.co.nz for an International Enrolment Form

#### ETHNICITY

<input type="checkbox"/> European/Pakeha	<input type="checkbox"/> Maori	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other (If 'other' please state)	<input type="text"/>

Job Title	<input type="text"/>
Employer	<input type="text"/>

### 2. CONTACT DETAILS (Please complete for your preferred address)

Unit	Floor	Building name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street number	Street name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
R.D.	PO Box/Private Bag	Town/City	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
State/Country			
<input type="text"/>			
Home phone	Work phone	Mobile	Fax
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Preferred email	Alternative email		
<input type="text"/>	<input type="text"/>		

### 3. PERSONAL HISTORY

#### A) DIETARY INFORMATION:

Food allergies/intolerances (please indicate food types, sensitivity, severity and last reaction)

<input type="checkbox"/> Dairy free	<input type="checkbox"/> Vegan	<input type="checkbox"/> Gluten free
<input type="checkbox"/> Vegetarian exclusive	<input type="checkbox"/> Other (If 'other' please state)	<input type="text"/>

#### B) BEHAVIOURAL ISSUES:

Do you have any, or a history of any, behavioural issues (for example ADD, ADHD, violence, aggression) or difficulty functioning with others? Yes  No

If 'Yes' please provide details

#### C) CRIMINAL HISTORY:

Have you had any criminal convictions (including Youth Court), are you under any current bail conditions or have any court charges pending? Yes  No

If 'Yes' please provide details of all charges/convictions and dates

#### D) MEDICAL ISSUES:

Do you have any health issues that might affect your acceptance for example severe allergic reactions, diabetes, epilepsy, mental health, eating disorder, BMI greater than 35 or any other conditions? Yes  No

If 'Yes' please provide details

### OFFICE USE ONLY

COURSE CODE	<input type="text"/>	REGISTRATION NUMBER	<input type="text"/>
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#### 4. ALTERNATIVE/EMERGENCY CONTACT

First name  Middle name  Surname

Has your alternative/emergency contact completed an Outward Bound course? Yes  No

If 'Yes' please provide their date of birth

Please tick here if contact details are the same as participant contact details

Unit  Floor  Building name

Street number  Street name  Suburb

R.D.  P.O Box/Private Bag  Town/City

State/Country

#### ALTERNATIVE/EMERGENCY PHONE AND EMAIL DETAILS (PLEASE COMPLETE IN FULL)

Home phone  Work phone  Mobile  Fax

Preferred email  Alternative email

#### 5. PRIVACY

All personal information regarding participants will be confidential to Outward Bound. Outward Bound reserves the right to use the names, comments and photographs or participants for marketing, public relations and post course communication purpose, as appropriate. Ethnicity information is collected for statistical purposes only.

#### 6. CONDITIONS OF ENROLMENT

##### SAFETY

The safety and welfare of all participants is our primary concern. All participants however, do take part at their own risk and must accept personal liability for any injury or loss. Note: there are times during the course when participants will not be under the direct supervision of staff members.

**I understand that as a participant I must comply with all instructions given during the course.**

##### FITNESS

Good health and good basic level of fitness is required.

**I must meet the minimum fitness requirement of being able to comfortably run 3km in less than 25 minutes.**

##### SMOKING, ALCOHOL AND NON-PRESCRIPTION DRUGS

Outward Bound has a no-smoking policy. Alcohol and non-prescription drugs are not permitted.

**I understand that Outward Bound has a no-smoking policy and that no alcohol or non-prescription drugs are permitted.**

##### TRAVEL

A high standard of behaviour is expected from all participants without exception, as you will be representing Outward Bound.

Participants are asked not to consume alcohol or drugs when travelling to or from Anakiwa.

**I agree to a high standard of behaviour whilst travelling to and from Outward Bound.**

##### WILLINGNESS TO PARTICIPATE

Commitment to fully participate, cooperate with and respect others, their beliefs and belongings are essential to the success of an Outward Bound course.

**I am willing to fully participate in my Outward Bound course.**

**I agree to the Conditions of Enrolment as outlined above and understand that if I fail to comply with the conditions or have withheld any relevant information, I may be sent home at my own expense.**

PLEASE NOTE: Participants are accepted at the discretion of the Outward Bound Trust of New Zealand.

SIGNED

DATE

NAME

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## 7. PERSONAL REFERENCE

Please attach a written reference if it is your first time supporting an Outward Bound course.

The reference should be from a manager, colleague or similar who can comment on your experience, skills and attributes relevant to the support worker role.

## 8. SUPPORTING INFORMATION

Have you attended an Outward Bound course?

Yes

No

Why do you want to be a volunteer support worker on an Outward Bound course for people with an intellectual disability?


Describe your experience working with people who have a disability?


Describe an experience where you demonstrated your initiative and organisation skills in a team environment.


Describe any other experience, skills and attributes relevant to the support worker role (e.g. medical, outdoors, facilitation, management).


Do you have any concerns about being a support worker?.


Any other comments?
