

PLEASE COMPLETE ALL FOUR PAGES 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

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"/> dd / <input type="text"/> mm / <input type="text"/> 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"/>

School or education provider

What/who prompted you to enrol on an Outward Bound course?

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.	P.O 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"/>	(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>
Preferred email	Alternative email		
<input type="text"/>	<input type="text"/>		

3. SCHOOL CONTACT DETAILS

Contact person at school	<input type="text"/>		
Position	<input type="text"/>		
Phone	(<input type="text"/>) <input type="text"/>	Email	<input type="text"/>

4. PERSONAL HISTORY (Complete Section A if it applies to you, Sections B, C & D are compulsory)

a) DIETARY INFORMATION (PLEASE ONLY COMPLETE IF THIS APPLIES TO YOU)

<input type="checkbox"/> Dairy free	<input type="checkbox"/> Food allergies/intolerances	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Vegan
<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

QUESTION 4. PERSONAL HISTORY CONTINUES ON PAGE 2...

OFFICE USE ONLY

COURSE CODE	<input type="text"/>	REGISTRATION NUMBER	<input type="text"/>
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