

COMPLETE ALL THREE PAGES AND RETURN TO: Outward Bound Trust of New Zealand • Level 1, 4 Queens Wharf, TSB Arena • Wellington 6011  
PO Box 25 274, Panama Street • Wellington 6146 Fax: (04) 472 8059 Email: enrol@outwardbound.co.nz

**PLEASE PRINT CLEARLY**

**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 NZ Citizen/resident or Australian/Pacific Island Citizen? Yes  No   
If 'No' 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"/>
If 'student', school or education provider	<input type="text"/>

**2. CONTACT DETAILS**

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"/>	
RD	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. SUPPORTING INFORMATION**

Please return the following with your enrolment form if this is your first time supporting an Outward Bound course:

1. A short letter describing why you want to support people with an intellectual disability to complete an Outward Bound course. Please also tell us any experience, skills and attributes relevant to the support worker role.
2. A written reference from a manager, colleague or similar who can comment on your experience, skills and attributes relevant to the support worker role.

**OFFICE USE ONLY**

COURSE CODE	<input type="text"/>	REGISTRATION NUMBER	<input type="text"/>
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## 4. PERSONAL HISTORY

### A) DIETARY INFORMATION

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

N/A

Vegetarian exclusive

Gluten free

Dairy free

Vegan

Other (If 'Other' state)

### B) MEDICAL INFORMATION

Do you have any issues that might affect your acceptance for example severe allergic reactions, diabetes, epilepsy, mental health, eating disorder, overweight/underweight or recent changes to medication?

Yes

No

If 'Yes' provide details

### C) 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' provide details

### D) CRIMINAL HISTORY

Have you had any convictions (including Youth Court) or do you have any court charges pending?

Yes

No

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

## 5. ALTERNATIVE/EMERGENCY CONTACT

First name

Middle name

Surname

Has your alternative/emergency contact completed an Outward Bound course?

Yes

No

If 'Yes' provide their date of birth

Tick here if contact details are the same as your contact details

Floor

Building name

Street number

Street name

Suburb

RD

PO Box/Private Bag

Town/City

State/Country

### ALTERNATIVE/EMERGENCY PHONE AND EMAIL DETAILS

Home phone

Work phone

Mobile

Fax

Preferred email

Alternative email

## 6. PRIVACY

All personal information regarding participants will be confidential to Outward Bound. Outward Bound reserves the right to use the names, comments and photographs of participants for marketing, public relations and post course communication purposes, as appropriate. Outward Bound reserves the right to send a copy of the participant's course report to their employer (if they paid for the course fees) and any sponsors. Ethnicity information is collected for statistical purposes only.

## 7. 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 your course.**

### FITNESS

Good health and a good basic level of fitness are required.

**I must meet the minimum fitness requirement of being able to comfortably run 3km in less than 25 minutes (does not apply to adapted courses).**

### 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.**

### 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.**

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**I agree to the Conditions of Enrolment as outlined above. I understand that if I fail to comply with the conditions, withhold any relevant information, or fail to advise of any relevant new information I may be asked to depart the course at my own expense. I understand confirmation of my enrolment is subject to medical approval from my doctor and Outward Bound's screening advisor.**

**Participants are accepted at the discretion of the Outward Bound Trust of New Zealand.**

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SIGNED

SIGN HERE

NAME

DATE

DD / MM / YYYY