



**PLEASE COMPLETE ALL FOUR 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

### 1. PERSONAL DETAILS

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

Are you a NZ 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"/>
If 'student', school or education provider	<input type="text"/>

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"/>
Preferred email	Alternative email		
<input type="text"/>	<input type="text"/>		

### 3. COURSE DETAILS

My first course preference is	<input type="text"/>		
Code (if known)	<input type="text"/>	Start date	<input type="text" value="DD / MM / YYYY"/>
My second course preference is	<input type="text"/>		
Code (if known)	<input type="text"/>	Start date	<input type="text" value="DD / MM / YYYY"/>

Do you know anyone else going on the same course?  
His/her name is

### 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)

Dairy free

Vegetarian exclusive

Gluten free

Vegan

Other (If 'Other' please state)

##### 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, obese/overweight or recent changes to medication?

Yes  No

If 'Yes' please provide details

#### 5. EMPLOYMENT

Do you currently manage staff?

Yes  No

What is the name of your direct manager?

For the purposes of completing online pre-course questionnaires I, my manager and my colleagues have access to the internet at work?

Yes  No

Manager's email address and mailing details

#### 6. 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

DD /  MM /  YYYY

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

## 6. PAYMENT

(Please note if you are in New Zealand on a Tourist Visa, different payment terms apply. Contact us if this is your situation.)

Invoice to be sent to:

Company Name

Contact name

Position

Address

Purchase Order No (this is essential for invoicing. Please also include a copy of the purchase order)

## TERMS OF BUSINESS

To confirm your booking a deposit of 25% is required. This deposit is non-refundable and non-transferable. The balance of the course fees are payable six weeks prior to the course commencement date. Should an applicant find it necessary to withdraw from the programme, a substitute can be nominated at any time;

## 7. PRIVACY

please notify us as soon as possible. Cancellations received within six weeks of the course commencement date will be charged 50% of the total course fees, cancellations received within seven working days of the course commencement date will incur the full course fees.

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 participant's course report to their employer (if paid for course) and sponsor. Ethnicity information is collected for statistical purposes only.

## 8. 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 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.**

### 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

SIGN HERE

NAME

DATE

DD / MM / YYYY

**9. PARENTAL PERMISSION** *(To be completed by Parent/Guardian of participants 17 years and under.)*

I give permission for my child to participate in the Outward Bound course.

I understand physical elements are involved, and that there is some monitored isolation (approximately 48 hrs).

I understand that my child must comply with all instructions given during the course.

I agree that my child will take part in such activities and necessary duties as may be required by staff.

I accept that, at the discretion of the Outward Bound School, my child may be sent home at my expense.

I understand my child must not smoke, drink alcohol, take any non-prescription drugs or take part in sexual activity while on the course.

I have discussed these course requirements with my child.

SIGNED (PARTICIPANT)

SIGN HERE (IF APPLICABLE)

PARTICIPANT NAME

DATE

DD / MM / YYYY

SIGNED (PARENT/CAREGIVER)

SIGN HERE (IF APPLICABLE)

RELATIONSHIP TO PARTICIPANT

DATE

DD / MM / YYYY