

# ENROLMENT FORM

## SUPPORT WORKER

OFFICE USE ONLY  
COURSE CODE



Please complete all sections and return to:

[info@outwardbound.co.nz](mailto:info@outwardbound.co.nz)

PO Box 25274, Wellington 6140

## PERSONAL DETAILS

FULL NAME

DATE OF BIRTH (DD/MM/YY)

AGE

Outward Bound is committed to creating a space where everyone can thrive. To support an inclusive experience for all, we want to understand our participants better by asking for information on gender and pronouns.

DO YOU IDENTIFY AS PART OF THE RAINBOW (LGBTQIA+) COMMUNITIES?

Yes

No

Prefer not to say

I IDENTIFY MY GENDER AS:

MY PREFERRED PRONOUNS ARE:

What words would you like us to use when not using your name, such as; he, she, they etc.

ETHNICITY

CULTURAL & RELIGIOUS REQUIREMENTS

Do you have any cultural and/or religious requirements?

Yes

No

If yes, please describe these requirements

POSTAL ADDRESS

EMAIL

PRIMARY CONTACT NUMBER

YOUR SCHOOL OR EDUCATION PROVIDER

YOUR ORGANISATION AND JOB TITLE

## EMERGENCY CONTACT

Please note: your emergency contact must reside in New Zealand

FULL NAME

POSTAL ADDRESS

Tick here if same  
as your own

PRIMARY CONTACT NUMBER

SECONDARY CONTACT NUMBER

EMAIL

POLICE VETTING FORM

Please complete and return the police vetting form we sent you along with this enrolment form.

Complete and attached

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# PERSONAL DETAILS

## DIETARY REQUIREMENTS

None	Dairy free
Vegetarian exclusive	Vegan
Food intolerance	Cultural/religious
Gluten free	Food allergy
Coeliac	Other

Provide details e.g. food type, severity, last reaction:

HEIGHT (CM)      WEIGHT (KG)

## FITNESS

Can you comfortably run 3km in under 25 minutes?	Yes	No
Can you complete a full day of physical activity?	Yes	No

## WATER CONFIDENCE

Are you confident in water and comfortable putting your head underwater?	Yes	No
Can you swim 20 metres?	Yes	No

## SMOKING & VAPING

Do you smoke?	Yes	No
Do you vape?	Yes	No
Are you willing to go smoke & vape-free at Outward Bound?	Yes	No

## CRIMINAL

Do you have charges pending, convictions, or ever had any involvement with Youth Court?	Yes	No
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If yes, provide details of convictions, charges, sentences and dates:

## MENTAL HEALTH

Have you experienced any mental health challenges such as anxiety/depression/bi-polar/PTSD/schizophrenia/eating disorder/self harm in the past 2 years?

Yes      No      Unsure

Provide details:

## HEALTH & WELLBEING

Do you have, or have you ever had, any of the following medical, behavioural or developmental issues?

Neurodiverse - Autism spectrum disorder (ASD), ADHD, dyslexia etc.	Disability - Hearing/intellectual/physical/vision
Diabetes	Serious illness/major operation/knocked unconscious/fainted within last year
Seizures - If yes, specify type and date(s)	Heart/Respiratory condition
Allergic reactions e.g. bees/wasps/nuts	Dislocation/Joint injury
Treatment/ Counselling for alcohol or drug use	Other
Epilepsy diagnosis	None

**\*If you ticked YES to any of the listed medical issues, please provide further information:**

## MEDICATION

Do you take any medication?

Yes      No

If yes, please list medication names, dosages and start dates:

## SUPPORTING INFORMATION

If this is your first time supporting an Outward Bound course, we require you to submit the following:

1. In the text box below, a short description of why you want to support people who have a disability to experience Outward Bound - tell us any experience, skills or attributes relevant to the support worker role (see support worker role description).
2. A written reference (letter or email) from a manager, colleague, coach, tutor, or similar who can comment on your experience, skills or attributes relevant to the support worker role. **Please attach and submit this reference when you submit this form.**

**A short description of why you want to support people who have a disability to experience Outward Bound:**

# TERMS & CONDITIONS

## HEALTH & WELLBEING

### Smoke, vape, drug & alcohol free

Outward Bound has a strict no-smoking and vaping policy. No alcohol or non-prescription drugs are permitted.

### Medical form

Support Workers are required to complete an Outward Bound NZ Medical Form with a doctor/nurse practitioner. Confirmation of your acceptance is subject to approval from both your doctor/nurse practitioner and Outward Bound. Outward Bound will reimburse you the cost of completing this form. Please send us your receipt and bank account details along with your completed medical and this enrolment form.

### Safety

Your safety and welfare is our primary concern, however you do participate at your own risk and there are times without direct staff supervision. Our courses are designed to be mentally, emotionally and physically challenging, with long days and a good night's sleep not guaranteed. Activities occur in all weather conditions and can include off-track tramping, camping (sometimes alone), kayaking, running, sailing, swimming, rock climbing and high-ropes.

Although we have procedures in place to minimise risk, none of these risks can be completely eliminated. When undertaking any activity, you will be briefed on the risks and how to manage them. There is a chance you could get a cold, stomach illness, blisters, sunburn, exhaustion, wasp stings, infected cuts or insect bites, sprains, or some other injury, and may be asked to sit out certain activities.

There have been no major life changing injuries at Outward Bound in over 25 years, however, serious risks can never be completely eliminated. These include death or injury from falling, drowning, burns, hypothermia, heat stress or road accidents. To reduce the likelihood of a serious accident we have a robust externally audited safety management system, which includes trained staff, up-to-date weather forecasts, robust communication protocols, modern equipment, and emergency procedures.

## PRIVACY

### Personal information

Your personal information will be held confidential to Outward Bound, in accordance with the Privacy Act (2020), for the purposes of Outward Bound courses and associated administration, including promotional activities.

You have the right to see all information held by Outward Bound and may ask at any time for that information to be corrected.

### Promotional material

You authorise Outward Bound the right to use your name, comments and images (video footage or photographs) that are obtained in relation to your Outward Bound participation and to disclose this information to third parties for marketing and public relations purposes; these materials will remain the property of Outward Bound.

You grant Outward Bound permission to contact you by email, including a regular e-newsletter and other updates.

**Confirmation of your acceptance is subject to approval from both your Doctor/Nurse Practitioner and Outward Bound. All Support Workers must also undergo NZ Police vetting before acceptance. This is to ensure your safety, the safety of others, and quality course outcomes for all.**

## PERSONAL DECLARATION

- I have read the above information and I understand that there are risks associated with participating in some course activities and these risks cannot be completely eliminated. Risks exist in these activities that may result in serious injury or even death.
- I am willing to fully participate in my course, comply with all instructions, and respect others, their beliefs and belongings.
- I understand that, to the maximum extent allowable by New Zealand law, Outward Bound is not liable for any injury, damage, delays or other additional costs that I incur. If I am an international participant, these terms and conditions and my participation in Outward Bound is governed by New Zealand law; I am therefore subject to the exclusive jurisdiction of New Zealand courts.
- I understand that, except as expressly permitted by law, if I give false information, withhold relevant information, or do not advise of any new relevant information, and that if I do not comply with the above Terms and Conditions, my enrolment may be cancelled or I may be sent home from my course at my own expense.
- I give consent for Outward Bound to contact my next of kin in the event of a medical necessity, and give consent for the disclosure of personal medical information to my next of kin.
- I have read the Support Worker Role Description and I understand the role I am volunteering to undertake.

PARTICIPANT NAME

TODAY'S DATE

/ /

PARTICIPANT SIGNATURE\*

\*To sign this document digitally, click into the participant signature box. Select an existing digital signature or choose to create a new digital ID. To create a new ID: Select option new PKCS# option. Enter your personal details and leave all other fields as defaulted. Create a password. On the next screen enter your password and click sign, save the form to your local drive. You will now see your signature in the document.