

ENROLMENT FORM

Support Worker

Please complete all sections and return to:
info@outwardbound.co.nz
PO Box 25274, Wellington 6140
Fax: +64 472 8059

FULL NAME

DATE OF BIRTH (DD/MM/YY) AGE

GENDER

MY PREFERRED PRONOUNS ARE

ETHNICITY

NZ European/Pakeha	Asian
Māori	African
Pacific Islander	Latin American
Other European	Middle Eastern
Other	

CITIZENSHIP/RESIDENCY

NZ Citizen/Resident
Australian/Pacific Island Citizen
Other

POSTAL ADDRESS

MOBILE PH

HOME PH

WORK PH

EMAIL

YOUR OB COURSE DETAILS - NAME/DATE

YOUR ORGANISATION AND JOB TITLE

NEXT OF KIN DETAILS

Please note next of kin must reside in New Zealand

FULL NAME

POSTAL ADDRESS

Tick here if same
as your own

MOBILE PH

HOME PH

WORK PH

EMAIL

OFFICE USE ONLY
COURSE CODE



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

FITNESS

Excludes some adapted and custom design programmes that have their own fitness requirement

Can you comfortably run 3km in under 25 minutes and complete a full day's activity?

N/A Yes No

WATER CONFIDENCE

Are you confident in water and comfortable putting your head underwater?

Yes No

SMOKING

Do you smoke? Yes No

If yes, how many do you smoke per day?

Are you willing to go smokefree at Outward Bound? Yes No

CRIMINAL

Do you have any charges pending, convictions, or have you ever had any involvement with Youth Court?

Yes No

If yes, provide details of convictions, charges, sentences and dates

MEDICAL

HEIGHT (CM) WEIGHT (KG)

If you can't measure up at home try visiting a local gym or medical centre

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

ADD/ADHD/Asperger's	Disability - hearing/intellectual/physical/vision
Diabetes	Serious illness/major operation/knocked unconscious in last year
Epilepsy	Mental health - anxiety/depression/bi-polar/schizophrenia/eating disorder
Allergic reactions - bees/wasps/peanuts	None of the above
Treatment/counselling for alcohol or drug use	
Other	

If you ticked yes to any of the listed medical issues, please provide further information

PLEASE NOTE: you are required to complete an Outward Bound NZ Medical Form with your GP. Confirmation of your acceptance is subject to approval from both your doctor and Outward Bound.

Outward Bound will reimburse you the cost of completing this form with your GP. Please send us your receipt and bank account details along with your completed enrolment form.

POLICE VETTING FORM

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

Complete and attached

SUPPORTING INFORMATION

If this is your first time supporting an Outward Bound course, please submit the following;

- 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).
- 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.

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

Please attach the written reference form when you return this form.

Continue and sign over the page.

TERMS & CONDITIONS

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. You authorise Outward Bound the right to send a copy of your course report to your course fee sponsors, including employers, if requested.

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.

HEALTH & WELLBEING

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 20 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.

Smoke, drug & alcohol free

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

Medical form

Your Outward Bound medical form must be completed by a medical doctor no more than 90 days before your course, and returned 8 weeks before your course start date. You will be sent a medical form later in the enrolment process.

COVID-19 Vaccination Policy

All participants must be fully vaccinated against COVID-19 and present us with your 'Vaccine Pass' in order to take part in an Outward Bound course.

Confirmation of your acceptance is subject to approval from both your doctor and Outward Bound. All Support Workers must also undergo NZ Police vetting before acceptance.

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.
- 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 (emergency contact) 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