

ENROLMENT FORM

Please complete all sections and return to:
info@outwardbound.co.nz
PO Box 25274, Wellington 6146
Fax: +64 472 8059

Support Worker

FULL NAME

YOUR SCHOOL OR EDUCATION PROVIDER

DATE OF BIRTH (DD/MM/YY) AGE

YOUR ORGANISATION AND JOB TITLE

GENDER

ETHNICITY

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

NEXT OF KIN DETAILS

Please note next of kin must reside in New Zealand

FULL NAME

CITIZENSHIP/RESIDENCY

NZ Citizen/Resident
Australian/Pacific Island Citizen
Other

POSTAL ADDRESS

Tick here if same
as your own

POSTAL ADDRESS

MOBILE PH

HOME PH

WORK PH

MOBILE PH

EMAIL

HOME PH

WORK PH

EMAIL

OFFICE USE ONLY
COURSE CODE



YOUR COURSE DETAILS

COURSE NAME

COURSE START DATE (DD/MM/YY)

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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

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

Diabetes

Epilepsy

Allergic reactions -
bees/wasps/peanuts

Treatment/
counselling for
alcohol or drug use

Other

Disability - hearing/
intellectual/physical/
vision

Serious illness/major
operation/knocked
unconscious in last
year

Mental health
- anxiety/
depression/bi-polar/
schizophrenia/eating
disorder

None of the above

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

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 (1993), 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 10 years, however, serious risks can never be completely eliminated. These include 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.

Confirmation of your enrolment is subject to approval from both your doctor and Outward Bound. This is to ensure your safety, the safety of others, and quality course outcomes for all.

PERSONAL DECLARATION

- I have read and agree to the above Terms and Conditions.
- 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.

PARTICIPANT NAME

TODAY'S DATE

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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.