

## Outdoor Education Short Award Student Application Questionnaire

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Name: \_\_\_\_\_

*Please answer the following questions, to the best of your ability, in your own handwriting. There are no right answers for these questions. The purpose is to give us an insight into your level of prior learning as it relates to this programme.*

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1. What formal training have you had in the following subjects? Please give details.

Weather Interpretation:

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Risk Identification:

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First Aid:

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Navigation:

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Communications:

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2. Why do you wish to be considered for this programme?

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3. What experience have you had working with and/or leading people in activities?

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4. What motivates you to lead others in the outdoors?

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5. Describe your ability as a swimmer (cold fresh water) - tick one box only (Answer only if enrolling for a water-based pursuit):

Strong       Average       Poor       Can't Swim

6. Time yourself. How long does it take you to complete a 5 km run? \_\_\_\_\_

7. Do you have a current First Aid Certificate?      *(please circle)*      **YES / NO**



10. Any other supporting comments?

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11. Secondary School Record

Years at Secondary School: \_\_\_\_\_

Name of Secondary School(s): \_\_\_\_\_

Educational Level Reached: \_\_\_\_\_ Year: \_\_\_\_\_

Year11 Subjects	Year 11 Grades	Year 12 Subjects	Year 12 Grades	Year 13 Subjects	Year13 Grades	Tertiary Subjects	Tertiary Grades

12. Further Education

List any other courses taken and state the level of achievements/certificates.

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13. Employment Record

Please state any part time and/or full time, including holiday employment, work-based training and voluntary work.

Employer's Name	Employer's Phone/ Fax Number	Type of Work	Dates From - To	Full or Part Time

14. Hobbies/Interests

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15. Offences

Have you been convicted of a criminal offence within the past ten years, or are you currently being charged with a criminal offence?

Yes     No    (Please tick)

16. Referees

Please provide the names of two referees who may be contacted by us.

Name: \_\_\_\_\_

Relationship to referee: \_\_\_\_\_

Telephone:    Day ( 0 ) \_\_\_\_\_    Night ( 0 ) \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to referee: \_\_\_\_\_

Telephone:    Day ( 0 ) \_\_\_\_\_    Night ( 0 ) \_\_\_\_\_

**How did you hear about Tai Poutini Polytechnic's Outdoor Recreation Programmes?**  
(tick the boxes that apply)

- Newspaper (Which one)? \_\_\_\_\_
- Magazine (Which one)? \_\_\_\_\_
- Word of mouth
- Friend
- Careers Adviser
- Prospectus
- Brochure
- Fliers/Poster
- Other (please specify) \_\_\_\_\_

What has made you choose Tai Poutini Polytechnic as your place of study?

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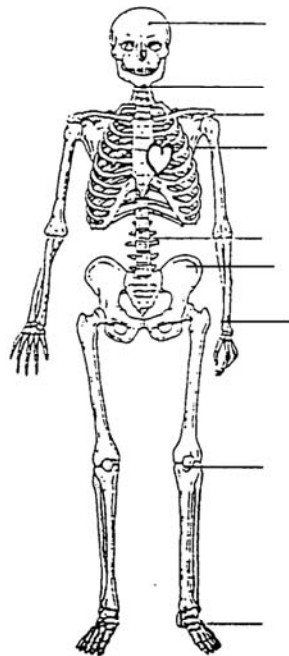
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# Student Confidential Medical Information

Student's Name: \_\_\_\_\_ Programme: \_\_\_\_\_

**Please read this carefully:** Medical conditions do not necessarily prevent you from participation in our programme. In the interest of safety could you please indicate with a tick (✓) if you have ever suffered from, or do suffer from any of the following.

**Injuries to:**



<input type="checkbox"/> Head	<input type="checkbox"/> Asthma
<input type="checkbox"/> Neck	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Shoulder/Arm	<input type="checkbox"/> Claustrophobia
<input type="checkbox"/> Heart	<input type="checkbox"/> Haemophilia
<input type="checkbox"/> Spine/Back	<input type="checkbox"/> Allergies (bee stings, etc)
<input type="checkbox"/> Pelvis/Hip	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Wrist	<input type="checkbox"/> Episodes of depression, anxiety or breakdowns.
<input type="checkbox"/> Knee	<input type="checkbox"/> Other (e.g. serious illness, operation or injury)
<input type="checkbox"/> Ankle	

**I have trouble:**

<input type="checkbox"/> Seeing
<input type="checkbox"/> Hearing
<input type="checkbox"/> Speaking English
<input type="checkbox"/> Swimming/Floating

**I consider my health to be:**

Excellent       Good       Restricted       Fair

**Reasons why:** \_\_\_\_\_

**My current weight is:** \_\_\_\_\_ kg      **My current height is:** \_\_\_\_\_ cm

**Are you on any medication? (If Yes, please state)** \_\_\_\_\_

**Are you allergic to anything? (If Yes, please state)** \_\_\_\_\_

**In case of emergency who should be contacted?**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: Day: (0 ) \_\_\_\_\_ Night: (0 ) \_\_\_\_\_

Mobile Phone \_\_\_\_\_

**PTO**

From time to time the programme will be remote from immediate hospital or medical care. By signing this form you are giving consent to receive medical treatment from the tutor(s) and/or medical personnel in an emergency situation. You are also allowing your medical information to be supplied to all tutors employed to teach you on the programme. This information will otherwise be treated as confidential.

### ***FITNESS DECLARATION***

It is the responsibility of the student to maintain his/her personal fitness at the level required to participate in all practical components of the programme. This is a Health and Safety requirement, not only for the individual concerned, but also for staff and other students in the group.

Failure to maintain fitness at the required level will result in the Polytechnic withdrawing the student from those practical components of the programme wherein the student's lack of fitness poses a safety risk. Such withdrawal will not entitle the student to any fee refund.

I agree to the above conditions of entry to outdoor education programmes.

Name: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***ACKNOWLEDGEMENT OF RISK***

By signing this form, I acknowledge that there are inherent risks involved in the outdoor activities I will be participating / training in whilst studying outdoor pursuits programmes at Tai Poutini Polytechnic. I understand that Tai Poutini Polytechnic will take all practicable steps possible to ensure my safety, however my safety cannot be absolutely guaranteed.

### ***DECLARATION***

I certify that the details given on this form are correct and that, if accepted for this programme, I will observe such rules and conditions as may be required by Tai Poutini Polytechnic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_