

## Raft Guide Course 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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Communication:

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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 guiding people in activities?

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4. What motivates you to train as a raft guide?

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5. Describe your ability as a swimmer (cold fresh water) - tick one box only:

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**

## 8 Summary of experience

<b>Raft</b>	<b>Write a summary of your experience, eg where you received training, where you participated in the raft pursuit, what skills you have acquired, etc</b>
Year started: _____  Total number of days involved in pursuit: _____	
<p style="text-align: center;"><b>Kayak</b></p> Year started: _____  Total number of days involved in pursuit: _____	
<p style="text-align: center;"><b>River Rescue</b></p> Year started: _____  Total number of days involved in rescue training: _____	

9. Any other supporting comments?

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10. Employment Record

Please state any part time, full time or 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

11. Hobbies/Interests


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12. 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)

13. 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 ) \_\_\_\_\_

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

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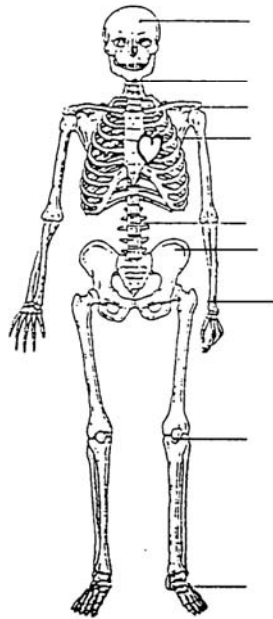
# Student Confidential Medical Information



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:**

- Seeing
- Hearing
- Speaking English
- 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 the 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 the Raft Guiding course.

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 courses 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: \_\_\_\_\_