| Full Name: | |
|------------|--|
| | |



| e c | answer the following questions to the best of your ability. There are no right answers questions. The purpose is to give us an insight into your level of prior learning as it relaprogramme. |
|-----|---|
| | Why do you wish to be considered for this programme? |
| | |
| | |
| | |
| | |
| | What training and experience do you have in the following areas? Please give details. |
| | Risk management specific to the outdoor environment: |
| | |
| | |
| | |
| | |
| | Interpersonal communication, leadership, teamwork: |

| | | tations): | | |
|----------------------------|---|---------------------------|------------------|-------------|
| | | | | |
| | | | | |
| | | | | |
| What experience h | ave you had teaching o | or leading people | in outdoor activ | ities? |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Doccribo your abilit | ry as a swimmer (in se | ld froch water) | tick one only: | |
| Describe your abilit | cy as a swimmer (in co | ld fresh water) – | tick one only: | |
| Describe your abilit | ey as a swimmer (in co | ld fresh water) – Door | | n't Swi |
| | | | | n't Swi |
| Strong | Average | Poor | Car | n't Sw |
| Strong | | Poor | Car | n't Sw |
| Strong Time yourself. How | Average long does it take you to | Poor o complete a 5 kr | Car m run? | n't Sw |
| Strong Time yourself. How | Average long does it take you to at (completed within e | Poor o complete a 5 ki | Car m run? | n't Sw |

7. <u>Employment Record</u>

Please state any part time and/or full time, including holiday employment, workbased training and voluntary work. (use the table on next page)

| | Employer's Name | Employer's Phone | Type of Work | Dates From - To | Full or Part Time | |
|----|--------------------------|---------------------|--|--------------------|-------------------------|--|
| | | · | | · | | |
| • | | | | | | |
| | | | | | | |
| | | | | | | |
| 9. | Have you been | | minal offence within t iminal offence? If Yes | | are you | |
| 10 | | | | | | |
| | • | the names of two | referees who may be | e contacted by us. | | |
| | Name: | | | | | |
| ŀ | Relationship to refe | eree: | | | | |
| 7 | Telephone: | Day | Night | | | |
| Ν | lame: | | | | | |
| R | Relationship to referee: | | | | | |

Applicants must hold a current (completed within 18 months prior to programme start) First Aid Certificate, which includes NZQA units 6400, 6401, 6402 or equivalent.

Day

Telephone:

Please upload a copy of your current first aid certificate when submitting your application for enrolment. If you don't yet have it, please ensure that we recieve a copy prior to the start of the programme.

Night

Elective Choices

Please choose the electives you would like to specialise in. You may specialise in three or four pursuits.

Rate your electives in order of preference (we will endeavour to allocate your first choices, however this is not always be possible). Confirmation of your choices will be given well in advance of your start date.

The following electives are available. You must choose at least one practical elective:

- ➤ Raft
- ➤ Rock
- ➤ White water Kayak
- ➤ Mountain (preference will be given to those also doing rock)
- > Sea Kayak
- Industry and Workplace Studies (includes a pre-course 8 week work placement in the summer break).
- Sustainability

NB To gain direct entry into the ARA Degree programme, students must do white water kayak and rock.

| How many | electives do you wish to do? | |
|----------|------------------------------|--|
| | | |

Detail your practical pursuit experience below:

| Elective | Write a summary of your experience, eg. where you received training, where you participated in these outdoor pursuits, what skills you have acquired, etc |
|---|---|
| Choice 1 | |
| Pursuit: _ | |
| Year started: _ | |
| Total number of days involved in pursuit: | |
| | |
| Choice 2 | |
| Pursuit: _ | |
| Year started: _ | |
| Total number of days involved in pursuit: | |
| | |
| Choice 3 | |
| Pursuit: _ | |
| Year started: _ | |
| Total number of days involved in pursuit: | |
| | |

| Elective | Write a summary of your experience, eg. where you received training, where you participated in these outdoor pursuits, what skills you have acquired, etc |
|---|---|
| Choice 4 | |
| Pursuit: | _ |
| Year started: | _ |
| Total number of days involved in pursuit: | |
| | |
| Choice 5 | |
| Pursuit: | |
| Year started: | _ |
| Total number of days involved in pursuit: | |
| | |
| Other supporting co | mments |
| | |
| | |
| | |
| | |
| | |
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| | |
| | |

CONFIDENTIAL MEDICAL INFORMATION

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 ($\sqrt{}$) if you have ever suffered from, or do suffer from any of the following.

| Injuries to: | | | Asthma |
|-------------------------------|------------------------|--------------|---|
| Veisol | Head | | |
| | Neck | | Diabetes |
| | Shoulder/Arm | | Claustrophobia |
| | Heart | | Haemophilia |
| | Spine/Back | | Allergies (bee stings, etc) |
| | Pelvis/Hip | | Epilepsy |
| | Wrist | | Episodes of depression, anxiety or breakdowns. |
| | Knee | | Other (e.g. serious illness, operation or injury) |
| 400 | | | I have trouble: Seeing |
| | | | Hearing |
| | | | Speaking English |
| | | | Swimming/Floating |
| I consider my health to be: | | | |
| Excellent | Good Restricted | I 🗌 | Fair |
| Reasons why: | | | |
| My current weight is: | kg | My current l | neight is: cm |
| Are you on any medication? | (If so, please state.) | | |
| | | | |
| Are you allergic to anything? | (If so, please state) | | |
| | | | |

| In case of emer | gency who | should be o | contacted? | | | |
|------------------------------------|-------------------------|-------------------------------|-------------------------------|---------------------------|-------------------------|---|
| Name: | | | | | | |
| Relationship: | | | | | | |
| Telephone: | Day | | | | Night | |
| | Mobile | | | | | |
| this form you personnel in an | are giving emergence | g consent to cy situation. | You are als | edical treas | tment fro g your m | spital or medical care. By signing om the tutor(s) and/or medical addical information to be supplied ation will otherwise be treated as |
| FITNESS DEC | CLARATIO | ON | | | | |
| | ll practical | components | s of the prog | ramme. Tl | nis is a H | fitness at the level required to lealth and Safety requirement, not n the group. |
| | ctical comp | onents of th | ne programm | e wherein | the stude | lytechnic withdrawing the student ent's lack of fitness poses a safety |
| I agree to the a | bove condi | tions of entr | ry to outdoor | recreation | programi | mes. |
| | | | | | | |
| ACKNOWLED | GEMENT | OF RISK | | | | |
| will be partici | pating / understand | training in that Tai Po | whilst study utini Polytec | ying outdo hnic will t | oor purst ake all pi | volved in the outdoor activities I uits programmes at Tai Poutini racticable steps possible to ensure |
| DECLARATIO | N | | | | | |
| I certify that the observe such ru | _ | | | | | ecepted for this programme, I will Polytechnic. |
| | | | | | | |