

**PLEASE COMPLETE ALL FOUR PAGES AND RETURN TO:**

Outward Bound Trust of New Zealand • Level 6, 40 Panama Street • PO Box 25 274 • Wellington 6146 • NEW ZEALAND Fax: (04) 472 8059 Email: enrol@outwardbound.co.nz

**PLEASE NOTE:** Participants whose fees are being paid by their employer need to complete a Professional Enrolment Form

### 1. PERSONAL DETAILS

First name	Middle name	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Gender	Male <input type="checkbox"/>	Date of birth	Age
	Female <input type="checkbox"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text"/>

Are you a NZ Citizen/resident or Australian/Pacific Island Citizen Yes  No   
 If 'No' please email info@outwardbound.co.nz for an International Enrolment Form

### ETHNICITY

<input type="checkbox"/> European/Pakeha	<input type="checkbox"/> Maori	<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other (If 'other' please state)	<input type="text"/>

Job title	<input type="text"/>
Employer	<input type="text"/>
If 'student', school or education provider	<input type="text"/>

What/who prompted you to enrol on an Outward Bound course?

### 2. CONTACT DETAILS (Please complete for your preferred address)

Unit	Floor	Building name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Street number	Street name	Suburb	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
R.D.	PO Box/Private Bag	Town/City	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
State/Country			
<input type="text"/>			
Home phone	Work phone	Mobile	Fax
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Preferred email	Alternative email		
<input type="text"/>	<input type="text"/>		

### 3. COURSE DETAILS

My first course preference is	<input type="text"/>		
Code	Start date	<input type="text" value="DD / MM / YYYY"/>	
My second course preference is	<input type="text"/>		
Code	Start date	<input type="text" value="DD / MM / YYYY"/>	

Do you know anyone else going on the same course?  
 His/her name is

### OFFICE USE ONLY

COURSE CODE	<input type="text"/>	REGISTRATION NUMBER	<input type="text"/>
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#### 4. PERSONAL HISTORY *(Complete Section A if it applies to you, Sections B, C & D are compulsory)*

##### A) DIETARY INFORMATION: *(PLEASE ONLY COMPLETE IF THIS APPLIES TO YOU)*

<input type="checkbox"/> Dairy free	<input type="checkbox"/> Food allergies/intolerances	<input type="checkbox"/> Gluten free	<input type="checkbox"/> Vegan
<input type="checkbox"/> Vegetarian exclusive	<input type="checkbox"/> Other <i>(If 'other' please state)</i>	<input type="text"/>	

##### B) BEHAVIOURAL ISSUES:

Do you have any, or a history of any, behavioural issues *(for example ADD, ADHD, violence, aggression)* or difficulty functioning with others? Yes  No

*If 'Yes' please provide details*

##### C) CRIMINAL HISTORY:

Have you had any criminal convictions (including Youth Court), are you under any current bail conditions or have any court charges pending? Yes  No

*If 'Yes' please provide details of all charges/convictions and dates*

##### D) MEDICAL ISSUES:

Do you have any health issues that might affect your acceptance onto the course for example severe allergic reactions, diabetes, epilepsy, mental health, eating disorder, BMI greater than 35 or any other conditions?

Yes  No

*If 'Yes' please provide details.*

#### 5. ALTERNATIVE/EMERGENCY CONTACT

First name  Middle name  Surname

Has your alternative/emergency contact completed an Outward Bound course? Yes  No

*If 'Yes' please provide their date of birth*

Please tick here if contact details are the same as participant contact details

Unit  Floor  Building name

Street number  Street name  Suburb

R.D.  P.O Box/Private Bag  Town/City

State/Country

##### ALTERNATIVE/EMERGENCY PHONE AND EMAIL DETAILS *(PLEASE COMPLETE IN FULL)*

Home phone  Work phone  Mobile  Fax

Preferred email  Alternative email

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## 6. PAYMENT

(Please note if you are in New Zealand on a Tourist Visa, different payment terms apply. Contact us if this is your situation.)

**A minimum deposit of \$300.00 is required to confirm the booking.** (This is non refundable, but is transferable to another course – one transfer only allowed).  
**Full course payment is due 8 weeks prior to the commencement of the course.**

**Cancellations must be received in writing.**

**The course fee (less your deposit) is refundable up to 21 days prior to the commencement of the course. After this time the course fee is non refundable and non transferable.**

PLEASE NOTE: 1) No refunds or transfers are available in the event of an early departure or removal from a course.  
2) Special exemptions may apply at Outward Bound's discretion.

Enclosed please find payment of  for a deposit payment.

Paid by

Cheque

Visa

Mastercard

Card holder name

Card number

Expiry date

Signature

As an accredited NZQA provider, Outward Bound has an NZQA approved student fee protection scheme in place. Details of this scheme can be obtained from Outward Bound or on our website [www.outwardbound.co.nz](http://www.outwardbound.co.nz).

If you are receiving financial assistance/sponsorship and you would like us to invoice the person/organisation directly, please fill in the details below and provide written confirmation from your sponsor.

Name or organisation name

Contact person

Address

Phone

Amount

## 7. PRIVACY

All personal information regarding participants will be confidential to Outward Bound. Outward Bound reserves the right to use the names, comments and photographs of participants for marketing, public relations and post course communication purposes, as appropriate. Outward Bound reserves the right to send a copy of participant's course report to their employer (if paid for course) and sponsor. Ethnicity information is collected for statistical purposes only.

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## 8. CONDITIONS OF ENROLMENT

### SAFETY

- The safety and welfare of all participants is our primary concern. All participants however, do take part at their own risk and must accept personal liability for any injury or loss. Note: there are times during the course when participants will not be under the direct supervision of staff members.

**I understand that as a participant I must comply with all instructions given during the course.**

### FITNESS

- Good health and a good basic level of fitness are required.

**I must meet the minimum fitness requirement of being able to comfortably run 3km in less than 25 minutes.**

### SMOKING, ALCOHOL AND NON-PRESCRIPTION DRUGS

- Outward Bound has a no-smoking policy. Alcohol and non-prescription drugs are not permitted.

**I understand that Outward Bound has a no-smoking policy and that no alcohol or non-prescription drugs are permitted.**

### TRAVEL

- A high standard of behaviour is expected from all participants without exception, as you will be representing Outward Bound.
- Participants are asked not to consume alcohol or drugs when travelling to or from Anakiwa.

**I agree to a high standard of behaviour whilst travelling to and from Outward Bound.**

### WILLINGNESS TO PARTICIPATE

Commitment to fully participate, cooperate with and respect others, their beliefs and belongings are essential to the success of an Outward Bound course.

**I am willing to fully participate in my Outward Bound course.**

**I agree to the Conditions of Enrolment as outlined above and understand that if I fail to comply with the conditions or have withheld any relevant information, I may be sent home at my own expense.**

*PLEASE NOTE: Participants are accepted at the discretion of the Outward Bound Trust of New Zealand.*

SIGNED

SIGN HERE

NAME

DATE

DD / MM / YYYY

## 9. PARENTAL PERMISSION *(To be completed by Parent/Guardian of participants 17 years and under.)*

I give permission for my child to participate in the Outward Bound course.

I understand physical elements are involved, and that there is some monitored isolation (approximately 48 hrs).

I understand that my child must comply with all instructions given during the course.

I agree that my child will take part in such activities and necessary duties as may be required by staff.

I accept that, at the discretion of the Outward Bound School, my child may be sent home at my expense.

I understand my child must not smoke, drink alcohol, take any non-prescription drugs or take part in sexual activity while on the course.

I have discussed these course requirements with my child.

SIGNED (PARTICIPANT)

SIGN HERE (IF APPLICABLE)

PARTICIPANT NAME

DATE

DD / MM / YYYY

SIGNED (PARENT/CAREGIVER)

SIGN HERE (IF APPLICABLE)

RELATIONSHIP TO PARTICIPANT

DATE

DD / MM / YYYY

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