## WHENUA ITI OUTDOORS

## **APPLICATION FORM**



PERSONAL DETAILS	First Names:		Date of Birt	th:				
	Last Name:		NSI Numbe	r:				
	Preferred Name:		Gender:	☐ Male ☐ Female ☐ Gender Diverse				
	Home Address:							
	Student Email:							
	Home Telephone:		Student Mo	obile:				
CITIZENSHIP/ETHNICITY	Citizenship:							
	☐ New Zealand Citizen (born in New Zealand) ☐ Australian Citizen (born in Australia)							
	☐ New Zealand Permanent Resident (born overseas but have permanent residency)							
	☐ Other, please state country:							
	What ethnic group do you belong to?							
	☐ New Zealand European ☐ New Zealand Maori ☐ Pacific Island ☐ Asian							
	☐ Other, country:							
COURSE DETAILS	Course Name: Course Date:							
	Secondary School:		School Dean Contact:					
Ö	Current Study Level (e.g. Year 11):							
DECLARATION	RISK MANAGEMENT CONSENT  When taking part in any adventure activity, risks are encountered that could result in emotional and physical injury up to and including fatality. Whenua Iti Outdoors (WIO) manages these risks with the use of highly trained staff who make decisions about acceptable risks, while enabling students to build their skills, knowledge, experience, confidence and judgement. WIO will take all reasonable steps to manage risks to an acceptable level and to set appropriate safety standards. At times WIO staff will make decisions on behalf of the group about the acceptability of certain risks. Students must follow the instructions of staff in regard to safety and risk management. WIO works at a range of sites and locations locally, regionally and nationally, at such times participants will need to be transported from location to location. WIO manages a fleet of vehicles and all drivers are certified to carry passengers.  I							
CONTACT NFORMATIONN	Parent / Caregiver Name(s):			Relationship:				
	Contact details during the course:							
	Home Phone:	Mobile:		Email:				
	Address:							
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Office Use Only  Date Received:  Application Processed								

## **WIO STUDENT MEDICAL DECLARATION**

To be completed by the **student** and signed by a **parent/caregiver/guardian Application approval is subject to medical clearance by WIO Safety Committee.** 



Please note that many WIO programmes operate in remote areas with limited access to medical resources and facilities.

If you have ANY pre-existing medical conditions, please provide as much detail as possible. Thank you.

Do you have any medical	I conditions? E.g. asthma,	epilepsy, diabetes.			YES/NO			
Details:								
Do you have any allergies	s? E.g. bee or wasp stings,	penicillin, certain food	S.		YES/NO			
Details:								
Do you have any mental	health concerns? e.g. anx	iety, depression (or his	tory of)		YES/NO			
Details:								
Are you taking any medic	cation? If you answer yes,	do you require assistar	nce with taking this med	dication?	YES/NO			
Details:								
Do you have any current or previous injuries, which may affect your participation? E.g. dislocations, back injuries, sprains, or broken bones.								
Details:								
Have you had any illness	es in the last 2 months?				YES/NO			
Details:								
Do you have any special	dietary requirements? E.g	g. vegetarian.			YES/NO			
Details:								
On a scale of 1 to 5 how	would you rate your over	all fitness? Please circle	e: 1 = Very unfit / 5 = Su	per fit				
1	2	3	4	5				
Are you a confident swim	nmer?				YES/NO			
Details:								
	e should know about you dyspraxia, aspergers, dys	•	•	ning needs that we	YES/NO			
Details:								
By signing this form, you a agreeing that you have re					ou are also			
Student Name:								
Student Signature:			Date:					
Parent Name:								
Parent Signature:			 Date:					