



### Scholarship Application is to be completed by the applicant

- You must be in the age range of the course you are applying for – course details can be found at: [www.outwardbound.co.nz](http://www.outwardbound.co.nz)
- Scholarship recipients are responsible for the cost of travel to/from Picton and completing an Outward Bound medical form with your doctor.
- Outward Bound will contact you upon receipt of all applications, and decisions will be notified in writing.
- Confirmation of enrolment is subject to approval from your doctor, and Outward Bound. This is to ensure the applicants safety, the safety of others, and quality course outcomes for all.

### Return application to:

Attention: Sue Lytollis [info@refuge.org.nz.co.nz](mailto:info@refuge.org.nz.co.nz) / Women's Refuge PO Box 19-293, Wellington 6149

1. PERSONAL DETAILS			
Full name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Date of birth	/ /	Age	years
Citizenship/Residency	<input type="checkbox"/> New Zealand Citizen/Resident <input type="checkbox"/> Australian/Pacific Island Citizen <input type="checkbox"/> Other		
Ethnicity	<input type="checkbox"/> NZ European/Pakeha <input type="checkbox"/> Māori <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other European <input type="checkbox"/> Asian <input type="checkbox"/> African <input type="checkbox"/> Latin American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Other - state:		
Postal address			
Home phone		Work phone	
Mobile phone		Fax	
Email			
Alternative email			
Refuge associated with			
Employer/Organisation			
Job title			
2. NEXT OF KIN DETAILS			
<input type="checkbox"/> Tick here if your next of kin has done an Outward Bound course - provide their date of birth: / /			
Full name			
Postal address	<input type="checkbox"/> Tick here if same as your address		
Home phone		Work phone	
Mobile phone		Fax	
Email			
Alternative email			
3. COURSE DETAILS			
Course name		Course start date	
Name anyone you know attending the same course			
OFFICE ONLY			
Registration		Course code	

## 4. PERSONAL HISTORY

**DIETARY**

N/A                                       Gluten free                                       Dairy free                                       Vegan

Vegetarian exclusive                                       Other food allergies/intolerances - *provide details of food types, severity & last reaction:*

**MINIMUM FITNESS**

Can you comfortably run 3km in under 25 minutes, and complete a full day's activity?                                       YES     NO

**WATER CONFIDENCE**

Are you confident in water and comfortable putting your head underwater?                                       YES     NO

**SMOKEFREE**

Do you smoke?                                       YES     NO

If YES - how many do you smoke a day                                      and are you willing to be smokefree at Outward Bound?     N/A     YES     NO

**MEDICAL**

State your current: Height                      cm    Weight                      kg    *if you cannot measure this at home - try your local gym or medical centre*

Do you have, or have you ever had, any of the below medical, behavioural or developmental issues?

<input type="checkbox"/> ADD/ADHD/Aspergers/Dyslexia	<input type="checkbox"/> Disability - hearing, intellectual, physical, vision
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Serious illness, major operation or knocked unconscious in last year
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Mental health - anxiety, depression, bi-polar, schizophrenia, eating disorder
<input type="checkbox"/> Allergic reactions - bees/wasps/foods/medicines	<input type="checkbox"/> Treatment/counselling for alcohol or drug use
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart conditions
<input type="checkbox"/> High Blood Pressure, fainting attacks or migraine	<input type="checkbox"/> Hepatitis, HIV or AIDS related condition
<input type="checkbox"/> Backache, spinal injury or disc trouble	<input type="checkbox"/> Knee, ankle or joint injury
<input type="checkbox"/> Currently pregnant ('yes' will exclude participant)	<input type="checkbox"/> Recent traumatic experiences or death of loved one in the last year
<input type="checkbox"/> Any other medical concerns	

If YES to any of the above or any current medications being taken - *provide details:*

**CRIMINAL**

Do you have any charges pending, convictions, or have you ever had any involvement with Youth Court?                                       YES     NO

If YES - *provide details of all charges, convictions, sentences and dates:*

## 5. PAYMENT

Your course is fully funded by the R A McKenzie Estate held in the Outward Bound Foundation (valued at \$3,850, 21 day courses; \$2,320, 8 day courses)

I agree to write a thank you letter to the R A McKenzie Estate during or after the course - *see details on your enrolment letter*

## 6. WHY OUTWARD BOUND

I have attached a letter saying WHY I want to attend Outward Bound and WHAT I hope to get out of the course

## 7. TERMS AND CONDITIONS

**PRIVACY**

**Personal information** Your personal information will be held confidential to Outward Bound, in accordance with the Privacy Act (1993), for the purposes of Outward Bound courses and associated administration, including promotional activities.  
 You have the right to see all information held by Outward Bound and may ask at any time for that information to be corrected. Ethnicity information is collected for statistical purposes only.  
 You authorise Outward Bound the right to send a copy of your course report to your course fee sponsors, including employers, if requested.

**Promotional material** You authorise Outward Bound the right to use your name, comments and images (video footage or photographs) that are obtained in relation to your Outward Bound participation and to disclose this information to third parties for marketing and public relations purposes; these materials will remain the property of Outward Bound.

**HEALTH AND WELLBEING**

**Safety** Your safety and welfare is our primary concern, however you do participate at your own risk and must accept personal liability for any injury or loss. Note: there are times during your course when you will not be under the direct supervision of staff.

**Smoke, drug & alcohol free** Outward Bound has a strict no-smoking policy. No alcohol or non-prescription drugs are permitted.

**Medical form** Your Outward Bound medical form must be completed no more than 3 months before your course end date.  
 Your Outward Bound medical form is due 8 weeks before your course start date. If your medical is overdue without prior agreement, and it is declined for any reason, the terms and conditions of a cancellation will apply.

**Confirmation of your enrolment is subject to approval from both your doctor and Outward Bound. This is to ensure your safety, the safety of others, and quality course outcomes for all. We recommend you book your travel after confirmation of enrolment.**

## 8. PARTICIPANT'S DECLARATION

- I have read and agree to the above Terms and Conditions.
- I understand that if I do not comply with the above Terms and Conditions, my enrolment may be cancelled or I may be sent home from my course at my own expense.
- I understand that, except as expressly permitted by law, if I give any false information, withhold any relevant information, or do not advise of any new relevant information, my enrolment may be cancelled or I may be sent home from my course at my own expense.
- I am willing to fully participate in my course, comply with all instructions, and respect others, their beliefs and belongings.

Participant's signature	<b>SIGN HERE</b>	Participant's name	
		Today's date	/ /

## 9. PARENT/CAREGIVER'S DECLARATION if participant aged 17 years or under

- I have read and discussed with my child the above Terms and Conditions and Participant's Declaration.
- I give permission for my child to participate in Outward Bound and understand that they will participate in some monitored isolation.
- I understand that if my child does not comply with the above Terms and Conditions and Participant's Declaration, their enrolment may be cancelled or they may be sent home from their course at my expense.
- I understand that my child must not participate in sexual activity during their course.

Parent/Caregiver's signature	<b>SIGN HERE</b>	Parent/Caregiver's name	
		Today's date	/ /

