

TOP OF THE SOUTH TRADES ACADEMY (TOTSTA)  
**ENROLMENT FORM**

C/- Nayland College  
 166 Nayland Road, Stoke, Nelson 7011  
 Ph: (03) 547 9769 | Fax: (03) 547 3498  
 Email: tradesacademy@gmail.com



PERSONAL DETAILS	Surname:	Date of Birth:
	First Names:	NSI Number:
	Preferred Name:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Home Address:	
	Student Email:	
	Home Telephone:	Student Mobile:
	Emergency Contact Name:	
	Phone:	Relationship:

CITIZENSHIP/ETHNICITY	<b>Citizenship</b>
	<input type="checkbox"/> New Zealand Citizen (born in New Zealand) <input type="checkbox"/> New Zealand Permanent Resident (born overseas but have permanent residency) <input type="checkbox"/> Australian Citizen (born in Australia) <input type="checkbox"/> Other, please state country: _____
	<b>What ethnic group do you belong to?</b>
	<input type="checkbox"/> New Zealand European <input type="checkbox"/> New Zealand Maori    Iwi (if known): _____ <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Island <input type="checkbox"/> Other, country: _____

COURSE DETAILS	TOTSTA Course:	Course Date/Year:
	Secondary School:	What is your current year level?

HEALTH DETAILS	In order to maximise your safety it is important that TOTSTA is fully aware of any medical conditions that you may have. Therefore we would ask you to tell us if you have any medical condition which could be a safety risk in performing an activity. The information that you give us will be kept confidential to the tutor but may be used in a life threatening situation. <b>List any medical condition and any medication taken. Please provide details if you require assistance with any medication you take.</b>

DECLARATION	I agree to comply with the requirements of the Top of the South Trades Academy (TOTSTA), and tertiary providers if my application for enrolment on the TOTSTA course is accepted, including:	
	<input type="checkbox"/> Enrolling at the tertiary provider and agreeing to comply with the rules of the institute/organisation.	
	<input type="checkbox"/> Agreeing to provide the information contained in this form which I understand is to be used by TOTSTA and its tertiary partners from time to time as may be necessary in respect of my studies.	
	<input type="checkbox"/> Authorising TOTSTA to pass on such information to third parties as may be necessary in respect of my studies.	
	<input type="checkbox"/> Reading agreeing to and signing the TOTSTA Course Student Behaviour Agreement on the back of this enrolment form.	
	<input type="checkbox"/> Agreeing to the sharing of my personal information between TOTSTA tertiary partners for the purposes of reporting of student results, pastoral support and guidance, management of learning and disciplinary matters.	
	<input type="checkbox"/> Agreeing to the use of any photographs taken of you while attending the TOTSTA course, in TOTSTA and/or tertiary provider publicity material, newsletter and/or website.	
	<input type="checkbox"/> Agreeing to travel by bus, minivan or car, with a licensed adult driver, when required as part of my TOTSTA programme.	
Student Signature:	Date:	
Parent Signature:	Date:	

<b>Office Use Only</b>	Information and Enrolments Administrator:	Date:
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# STUDENT BEHAVIOUR AGREEMENT



Students taking TOTSTA courses are expected to behave in a responsible manner. TOTSTA will contact your Secondary School regarding failure to maintain the standards of behaviour outlined in this agreement. It is agreed as follows:

## TOTSTA Tertiary Partners will provide the following:

- Tuition
- Leadership
- Support
- Advice
- Information on risk management and practices.
- All the practical steps to ensure that people involved in the activity are not harmed by any hazard that is or arises during the activity undertaken.

## The Student:

- Will be courteous and respectful to tutors and other students on the course.
- Will follow the tutor's instructions.
- Will attend classes and be punctual by arriving at least 5 minutes before the course start time and return from breaks at the agreed time.
- Will wear appropriate clothing and footwear for the course. Where a uniform or safety clothing has been issued, this must be worn at all Trades classes.
- Will behave in a safe and reasonable manner so that neither the student nor other people are put at risk by their actions.
- Will adhere to the tertiary provider's policy of zero tolerance to any form of harassment (Refer to 2K7 Preventing Harassment policy, available on the NMIT website).
- Will use all tools, equipment, safety equipment and clothing issued in a safe and responsible manner.
- Will not be under the influence of and/or consume any alcohol or drugs on campus.
- Will adhere to risk management procedures for all activities.

## TOTSTA courses:

For TOTSTA courses that involve trades workshops to safeguard everyone's safety, the following rules apply:

- Eye protection must be worn when operating any workshop machines.
- Overalls must be worn (No baggy clothes that could get caught in machines).
- Appropriate safety footwear must be worn.
- Hearing protection must be worn in noisy situations.
- Long hair must be tied back or retained in a hat or hair net.
- Walkways must be kept clear.
- No equipment or machinery may be used unless full approval has been obtained from a tutor or technician.
- The workshop must be cleaned thoroughly at the end of each workshop session.
- All hand tools must be replaced after each workshop session.
- Pre used loan/safety gear will be available in specialist courses which will need to be returned at the end of the course. Non return or damage may incur cost recovery. Alternatively, students can purchase their own - further details from the tutor.

## Agreement:

I, \_\_\_\_\_ (name of student), have read the information above and agree to the student rules. I understand my responsibilities and that if I fail to follow the rules that I can be excluded from attending the TOTSTA course. I understand that TOTSTA courses involve activities with risks and danger. I understand these risks and accept full responsibility for my own safety. I accept liability for any loss or damage to equipment incurred by myself and that I may be required to pay for the costs of replacement or repairs. I also declare that I am in good health and take full responsibility for my physical ability to perform the activities described in the course outline. I give permission for TOTSTA and tertiary provider's staff to administer first aid and seek medical assistance in the event of an accident.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE ONLY COMPLETE THIS PAGE IF YOU ARE ENROLLING ON A TOTSTA COURSE BASED AT WHENUA ITI OUTDOORS



## Adventure Tourism/Manaaki Tapoi/Uniformed Services

# STUDENT MEDICAL DECLARATION

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.** NOTE: Application approval is subject to medical clearance by WIO Safety Committee.

To be completed by the student and signed by the student's parent/caregiver/guardian

PLEASE CIRCLE YOUR ANSWERS

**Do you have any medical conditions we may need to know about?** *E.g. asthma, epilepsy, diabetes.*

YES/NO

Details: \_\_\_\_\_

**Do you have any allergies?** *E.g. bee or wasp stings, penicillin, certain foods.*

YES/NO

Details: \_\_\_\_\_

**Are you taking any medication?** *If you answer yes, do you require assistance with taking this medication?*

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.*

YES/NO

Details: \_\_\_\_\_

**Have you had any illnesses in the last 2 months?**

YES/NO

Details: \_\_\_\_\_

**Do you have any special dietary requirements?** *E.g. vegetarian.*

YES/NO

Details: \_\_\_\_\_

**On a scale of 1 to 5 how would you rate your overall fitness?** 1 = Very unfit / 5 = Super fit

1 2 3 4 5

**Are you a confident swimmer?**

YES/NO

Details: \_\_\_\_\_

**Is there anything else we should know about you?**

YES/NO

*For example, do you have any individual learning needs we need to be aware of, e.g. dyspraxia, Asperger's, dyslexia, anxiety, fear of heights etc)*

Details: \_\_\_\_\_

### RISK MANAGEMENT CONSENT

When taking part in any adventure activity, risks are encountered. 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.

I \_\_\_\_\_ (parent/caregiver/guardian) of \_\_\_\_\_ understand that there are risks associated with activities in the outdoors. I am aware that WIO will take all reasonable steps to manage these risks to an acceptable level and to set appropriate safety standards. Where my child does not comply with the instructions of any WIO staff member in regard to safety or risk management, I acknowledge that WIO may not be held responsible for any outcome.

Should any change in a student's medical situation occur before the programme start date or during the programme it is the responsibility of the parent or caregiver to advise Whenua Iti Outdoors.

### PARENT/CAREGIVER/GUARDIAN CONTACT INFORMATION

Name(s): \_\_\_\_\_

*Emergency contact phone numbers during the programme:*

Address: \_\_\_\_\_

Home: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parents Signature: \_\_\_\_\_

Date: \_\_\_\_\_