

ENROLMENT FORM

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

CITIZENSHIP / ETHNICITY	Citizenship
	<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: _____
	Ethnicity
	<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?

RISK MANAGEMENT CONSENT	RISK MANAGEMENT CONSENT
	<p>When taking part in any trades academy activity, risks are encountered. The tertiary providers manage 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. The tertiary providers will take all reasonable steps to manage risks to an acceptable level and to set appropriate safety standards. At times tertiary provider staff will make decisions on behalf of the group about acceptability of certain risks. Students must follow the instructions of staff in regard to safety and risk management. Tertiary provider trades academy programmes may include trips, activities and off-site visits that take place at a range of sites and locations locally, regionally and nationally. At such times, students will need to be transported from location to location. Tertiary providers manage a fleet of vehicles and all drivers are certified to carry passengers.</p> <p>I _____ (parent/caregiver/guardian) of _____ understand that there are risks associated with activities in trades academy programmes. I am aware that the tertiary providers will take all reasonable steps to manage these risks to an acceptable level and to set appropriate safety standards. I consent for my child to take part in activities, trips and off-site visits as organised by the tertiary provider and to be transported where required. Where my child does not comply with the instructions of any tertiary provider staff member in regard to safety or risk management, I acknowledge that the tertiary provider may not be held responsible for the outcome.</p>

DECLARATION	DECLARATION
	<p>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:</p> <ul style="list-style-type: none"> • Agreeing to comply with the rules of the institute/organisation/provider • 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. • Authorising TOTSTA to pass on such information to third parties as may be necessary in respect of my studies. • 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. • Agreeing to the use of any photographs or film footage taken of you while attending the TOTSTA course, in TOTSTA and/or tertiary provider publicity material, newsletter, social media and/or website. • Agreeing to travel by bus, minivan, car, with a licensed adult driver, or on foot, when required as part of my TOTSTA programme. • Agreeing to comply with the terms of the Student Behaviour Agreement, as set out on page 2 of the Enrolment Form.

Student Signature:	Date:
Parent Name:	
Parent Signature:	Date:

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 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, arriving prior to course start time and returning 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.
- 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 while attending a Trades Academy programme.
- 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 machinery.
- Overall 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.
- 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.

Agreement:

By signing the Enrolment Form (page 1), I confirm that I 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 give permission for TOTSTA and tertiary providers' staff to administer first aid and seek medical assistance in the event of an accident.

TOP OF THE SOUTH TRADES ACADEMY (TOTSTA)
STUDENT MEDICAL DECLARATION



Please note that some TOTSTA courses 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 the relevant tertiary provider.

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

PLEASE CIRCLE YOUR ANSWER

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, 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?
For example, do you have individual learning needs we need to be aware of, e.g. dyspraxia Asperger's, Dyslexia, anxiety, depression, fear of heights etc YES / NO

Details: _____

By signing this form you are agreeing that the medical declaration information provided is accurate and complete. You are also agreeing that you have read and understood the risk management, behaviour and consent declarations.

STUDENT NAME: _____

STUDENT SIGNATURE: _____

Date: _____

PARENT NAME: _____

PARENT SIGNATURE: _____

Date: _____