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





C/- Nayland College, 166 Nayland Road, Stoke, Nelson 7011 | Phone (03) 547 9769 | Facsimile (03) 547 3498 | tradesacademy@gmail.com

Personal Details	Surname:	Date of Birth:	
	First Names:	NSI Number:	
	Preferred Name:	Gender: ☐ Male ☐ Female	
	Home Address:		
	Student Email:		
	Home Telephone:	Student Mobile:	
	Emergency Contact Name:		
	Phone:	Relationship:	
	Citizenship:		
Citizenship/Ethnicity	□ New Zealand Citizen (born in New Zealand)		
	□ New Zealand Permanent Resident (born overseas but have pe	ermanent residency)	
	☐ Australian Citizen (born in Australia)		
	☐ Other, please state		
	country:		
	What ethnic group do you belong to?		
	☐ New Zealand European ☐ Pacific Island	☐ Asian	
Citi	☐ New Zealand Maori ☐ Other, country:		
	Course News		
s	Course Name:		
Course Details	Course Date:  Secondary School:	Doors	
	,	Dean:	
	What is your current year level?  Have you previously enrolled on an NMIT course [including Tertiary Pathway (STAR) or GATEWAY courses]? ☐ Yes ☐ No		
	Trave you previously enrolled on all Nivill course [including return	ary ratioway (STAN) of GATEWAT Courses]: 11 Tes 12 No	
h Details	In order to maximise your safety it is important that NMIT and W Therefore we would ask you to tell us if you have any medical co	/IO is fully aware of any medical conditions that you may have. ndition 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. List any medical condition and any medication taken. Please provide details if you require assistance with any medication you take.		
	condition and any medication taken. Please provide details if yo	bu require assistance with any medication you take.	
Health			
	I agree to comply with the requirements of the Top of the South Technology (NMIT), Whenua-iti Outdoors (WIO) if my applicatior		
	accepted, including:		
	☐ Enrolling at NMIT and agreeing to comply with the rules of t☐ Agreeing to provide the information contained in this form	the Institute.  which I understand to be used by TOTSTA NMIT or TOTSTA WIO from	
	time to time as may be necessary in respect of my studies.	·	
	<ul> <li>Authorising TOTSTA NMIT or TOTSTA WIO to pass on such in studies.</li> </ul>	nformation to third parties as may be necessary in respect of my	
		WIO Course Student Behaviour Agreement on the back of this	
Declaration	enrolment form.  Agreeing to the sharing of my personal information between TOTSTA NMIT or TOTSTA WIO 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 taken of you while attending the TOTSTA NMIT or TOTSTA WIO course, in TOTSTA NMIT or		
	TOTSTA WIO publicity material, newsletter and/or website.	attending the 10131A MMIT OF 10131A WIO Course, III 10131A MMIT OF	
	Student Signature:	Date:	
De	Parent Signature:	Date:	
Office	Use Only Information and Enrolments Administrator:	Date:	

# TOP OF THE SOUTH TRADES ACADEMY (TOTSTA) STUDENT BEHAVIOUR AGREEMENT







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

## Nelson Marlborough Institute of Technology (NMIT) or Whenua iti Outdoors (WIO) 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.
- > 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 NMIT'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 NMIT courses:**

For TOTSTA NMIT 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:	
l,	(name of student), have read the information above and agree to
TOTSTA NMIT or TOTSTA with risks and danger. I damage to equipment in that I am in good health	rstand my responsibilities and that if I fail to follow the rules that I can be excluded from attending the A WIO course. For TOTSTA NMIT or TOTSTA WIO courses I understand that these courses involve activities understand these risks and accept full responsibility for my own safety. I accept liability for any loss or curred by myself and that I may be required to pay for the costs of replacement or repairs. I also declare and take full responsibility for my physical ability to perform the activities described in the course outline. STA NMIT/TOTSTA WIO staff to administer first aid and seek medical assistance in the event of an
Student Signature	Date
Parents Name	
Parents Signature	Date

## Adventure Tourism Course STUDENT MEDICAL DECLARATION



To be completed by the **student** and signed by the students **parent/caregiver/guardian** 

#### **PLEASE CIRCLE YOUR ANSWERS**

Do you have any allergies? E.g. bee or wasp stings, penicillin, certain foods.  Are you taking any medication? If you answer yes, do you require assistance with taking this medication?  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 illnesses in the last 2 months?  Details:  Do you have any special dietary requirements? E.g. vegetarian.  Details:  On a scale of 1 to 5 how would you rate your overall fitness? 1 = Very unfit / 6 = Super fit  1 2 3 4 5  Are you a confident swimmer?  YES,  Are you a confident swimmer?	NO
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Dataila	
	'NO
Is there anything else we should know about you?  Details:	′NO
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 to staff who make decisions about acceptable risks, while enabling students to build their skills, knowledge, experience, confidence and judge 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 management.	ement. nake
I 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 a 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.	
PARENT/CAREGIVER/GUARDIAN CONTACT INFORMATION  Iame(s): Contact phone numbers during the programme:	
Address: Home: Mobile: Email:	
Student Signature: Date:	
Parents Name:  Parents Signature:  Date:	