Eligibility:
These courses are being offered on an (RPL) basis only which means you need to be an active person in a supervisory capacity with an organization that is insured for conducting outdoor activities.

I am part of the Organisation/Business: [ ]
Name of Director/Leader of Organisation/Business: [ ]
Contact Number: [ ]

APPLICANT DETAILS:
Title: [ ]
Surname/Family Name: [ ]
Former Surname/Family Name (if applicable): [ ]
Given First Name: [ ]
Preferred First Name (optional): [ ]
Other Given Names: [ ]
Gender: [ ] Female [ ] Male
Date of Birth (if under 18, must gain approval from Course Convenor): [ / / ]
Address Number and Street (PO Box): [ ]
Town/Suburb: [ ]
State/Region: [ ]
Postcode/Zipcode: [ ]
Country: [ ]
Telephone (Home): [ ]
Mobile: [ ]
Email: (This will be used as the primary form of communication) [ ]

SHORT COURSE DETAILS:
For detailed information of each of the short courses listed below, refer to the short courses flyer at www.avondale.edu.au/academics/vocational-educational-training-outdoor-recreation-short-courses/

Please tick options below:

- OUTDOOR SUPERVISION (PLA) Compulsory- Prerequisite to all courses. Complete Parts A and B of this form only.

The courses listed below require Outdoor Supervision as a prerequisite.

- BASE CAMPING (no practical assessment) Complete parts A and B of this form only
- BUSHWALKING - level to be determined by a course convenor (please complete all parts)
- CANOE FLAT WATER Please complete all parts (bushwalking log not required)
- KAYAK FLAT WATER Please complete all parts (bushwalking log not required)
- ABSEILING SINGLE PITCH Please complete all parts (bushwalking log not required)

*A SECOND COURSE WITH COMMON UNITS: If you have already completed a course, then another course with common units would ONLY require enrolment into the additional units required to complete it. You will need to contact the course convenor with details of previous participation (ie Statement of Attainment) to determine units and cost.

Name: [ ]
Signature: [ ]
Date: [ ]
*If under 18 you will need a parent to sign below

Name: [ ]
Signature: [ ]
Date: [ ]

Name: [ ]
Signature: [ ]
Date: [ ]
1. Citizenship and Residence status during this semester?
   - Australian citizen including Australian citizens with dual citizenship
   - Permanent Resident
   - Temporary Entry Permit including student visa or diplomat or a dependant of a diplomat
   - Status other than one of the above

2. What is the postcode of the suburb or town or locality in which you usually live?
   - Australian postcode
   - Overseas address (you do not need to provide a postcode)

3. Do you speak a language other than English at home?
   - No. English only
   - Yes. If more than one language, indicate the one that is used most often
   - How well do you speak English?
     - Very well
     - Well
     - Not well
     - Not at all

4. In what country were you born?
   - Australia
   - Other country

5. Are you of Aboriginal or Torres Strait Islander origin?
   - Yes, Aboriginal
   - Yes, Torres Strait Islander
   - Yes, Aboriginal and Torres Strait Islander
   - Neither

6. Of the following categories, which BEST describes your current employment status?
   - Full-time employee
   - Part-time employee
   - Self-employed—not employing others
   - Employer
   - Employed—unpaid worker in a family business
   - Unemployed—seeking full-time work
   - Unemployed—seeking part-time work
   - Not employed—not seeking employment

7. Are you still attending secondary school?
   - No
   - Yes. Name of school

8. In which YEAR did you complete your highest school level?

9. What is your highest COMPLETED school level?
   - Completed Year 12
   - Completed Year 11
   - Completed Year 10
   - Completed Year 9 or equivalent
   - Completed Year 8 or lower
   - Did not go to school

10. Prior to enrolling in this course, please specify whether or not you have a disability
    - No, I do not have a disability
    OR
    - Yes, I have the following disability/ies
      - Hearing disability
      - Learning disability
      - Medical disability
      - Mobility disability
      - Physical disability
      - Sight disability
      - The student has a disability other than the types nominated above

11. What is your religion?

12. If you have a parent who is currently working for an employing body within the South Pacific Division of Seventh-day Adventists, please identify that employing body (If both parents work for two different employing bodies within the South Pacific Division, then choose either one).

GLOSSARY OF TERMS

- MIM = Mixed mode.
- Mode = The mode of delivery of the unit. Options are: On Campus, Distance, Mixed.
- OC = Off Campus.
- ON = On Campus.
- Period = The teaching period (e.g. Semester 1, Semester 2, Year long, Nursing Semester 1, VET Term 1 etc. in which you will be enrolled for this unit).
- Unit = Subject.
- Unit Set = A set of units making up a specialisation, major, minor or key learning area in a course where applicable.
Contact Course Convenor for preferred dates for assessment.

Please tick options below:

OUTDOOR SUPERVISION (PLA) (COMPULSORY) $150

The courses listed below require Outdoor Supervision as a prerequisite

BASE CAMPING (NO PRACTICAL ASSESSMENT) $180

BUSHWALKING - level to be determined by Course Convenor

This section will be completed by Outdoor Recreation upon assessment of Bushwalking Logs

- BUSHWALKING CONTROLLED $420
- BUSHWALK INTERMEDIATE $540
- BUSHWALK UNCONTROLLED $540
- CANOE FLAT WATER $480
- KAYAK FLAT WATER $480
- ABSEIL SINGLE PITCH $500

TOTAL $ 

A SECOND COURSE WITH COMMON UNITS:
If you have already completed a course, then another course with common units would ONLY require enrolment into the additional units required to complete it. You will need to contact the course convenor with details of previous participation (ie Statement of Attainment) to determine units and cost.

PREFERRED PAYMENT METHOD:

- CREDIT CARD
  - Card Holders Name
  - Card Number:
  - Expiry Date:
  - Authorised Amount up to a maximum of $ 

All courses require upfront payment prior to the enrolment of the Applicant into the course. Please return completed application form to any of the following:

outdoorrecreation@avondale.edu.au | david.low@avondale.edu.au (Course Convenor, Outdoor Education) |
OUTDOOR RECREATION, PO Box 19, Cooranbong NSW 2265
If you have any further questions please call 02 4980 2159.
**PART C: PARTICIPANT MEDICAL RECORD**

### Personal Information
- **Name:**
- **Date of Birth:**
- **Mobile Phone:**
- **Next of Kin or Contact Person in Emergency:**
- **Address:**
- **Home Phone:**
- **Work Phone:**
- **Mobile Phone:**
- **Personal GP (General Practitioner):**
- **Medicare No:**
- **Name of Private Medical Ins Co:**
- **Member No:**
- **Do you have any of the following?**
  - ADHD
  - Aspergers
  - Autism
  - Bipolar
  - Dyslexia
  - Depression
- **Any other learning difficulties?**
  - **Name of Condition:**
- **Are you currently taking any medication?**
  - **Yes**
  - **No**
- **Medication Name and dosage:**
- **Is your dental health up to date?**
  - **Yes**
  - **No**

### Medical History
- **Have you ever suffered from or now suffer from, any of the following?**
  - Rheumatic Fever
  - Swollen or painful joints
  - Heart disease
  - Severe chest pains
  - High blood pressure
  - Abnormal shortness of breath
  - Bronchitis, pneumonia or pleurisy
  - Asthma
  - Hay fever
  - Sinusitis
  - Ear infections/operations/auditory problems/hearing aid
  - Any other ear, nose or throat problem
  - Eye or visual problems/glasses/contact lenses
  - Colour blindness
  - Anxiety attacks
  - Severe depression
  - Any mental illness
  - Severe period pain
  - Unusual period bleeding
  - Epilepsy specify –
    - Grand Mal
    - Petit Mal
  - Severe headaches or migraines
  - Sleepwalking or frequent nightmares
  - Claustrophobia

- **List any nutritional issues to be addressed (e.g gluten or lactose intolerance etc)**

### Physical Measurements
- **Height (cms):**
- **Weight (kgs):**
- **Swimming Ability: (circle number)**
  - non swimmer
  - 1
  - 2
  - 3
  - 4
  - 5
  - strong swimmer
- **Date of last tetanus injection:**
- **Date of last Hepatitis Injection:**

### Risk Acceptance
- **I have accurately and honestly completed this medical form.**
- **I understand that Outdoor Education focuses on the development of my physical skills as well as the theoretical understanding of the subject matter.**
- **I understand the activities involved in this class. I am confident that I will be able to participate in the physical activities of this class and confirm that I have no previous injuries or illness that would limit my involvement. I realise that engaging in these activities will at times place me at risk. I also understand that I can reduce the level of risk to myself by:**
  - a. following the directions of my instructors.
  - b. using my common sense;
  - c. electing to apply the principle of challenge-by-choice (providing this does not endanger myself or other participants or leaders).
- **I understand that outdoor settings could present a variety of dangers to me, and that despite thorough planning and all possible care, accidents can occur. In the unlikely event that I suffer injury or illness, I agree that the organisers can arrange medical treatment and emergency evacuation services as they deem necessary for my safety or well-being.**
- **Understanding that the activities associated with this class are potentially dangerous, I knowingly accept the risks to which I will be exposed, and agree to release to the full extent of the law Avondale College Ltd employees and agents from responsibility for any injuries which I may suffer as a result of my participation.**
- **I acknowledge that the information supplied by me to Avondale College on this form is complete and accurate, and I will inform the activity leader if there are any changes.**

- **Signature:**
- **Date:**

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**Version: 18.08.20**
To enable us to correctly assess your experience and skill level, based on what you can remember, please complete the following log of bushwalks that you have participated in.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Access Points or Trip Outline</th>
<th>On/Off Track</th>
<th>Km</th>
<th>Days</th>
<th>Terrain</th>
<th>Weather</th>
<th>My Role</th>
<th>Client Group</th>
<th>Verified by *</th>
<th>Phone</th>
</tr>
</thead>
</table>

*This is the person who can verify that you completed the walk and that the information is correct.

Signature of applicant: