

OUTDOOR LEADERSHIP SHORT COURSE

COVER PAGE



For timely processing of your enrollment application for Outdoor Leadership Short Courses please ensure the following has been completed and as needed additional documentation supplied with this application.

Check your application

Part A – Short Course Application – ensure this is completely filled in

Part B – Short Course Cost and Preferred Payment

Part C – Participant Medical Record (*not required for Outdoor Supervision*)

Part D – Bushwalking log included (*only required for Bushwalking Extremely Difficult Tracked and Untracked Environments*)

Recognised Prior Learning (RPL)

If you have already completed a qualification or units towards a qualification, then common units may be recognised as prior learning for a short course and/or skill set course. If you have attained these qualifications through another training organisation, you will need to provide evidence of prior learning (i.e. Statement of Attainment) for Avondale to determine any RPL request.

JP Certified copy of relevant Statement of Attainment

Please return application to:

If applying as part of a group – return your application to your group coordinator.

If applying as an individual – email outdoorleadership@avondale.edu.au (Course Convenor)

If under 18, please contact the course convenor at outdoorleadership@avondale.edu.au prior to submitting your application

If you have any questions please call 0410 627 093

OUTDOOR LEADERSHIP SHORT COURSE

PART A: SHORT COURSE APPLICATION



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:

PERSONAL DETAILS

Title: Surname: Former Surname (if applicable):

Given First name: Preferred First Name (optional):

Gender: Female Male Gender X Date of Birth:

Former Avondale student ID (if applicable):

Address:

Suburb: Post Code: State:

Country: Mobile:

Email:

SHORT COURSE DETAILS

For detailed information of each short course listed below, refer to the short course PDF on the Avondale Website <http://www.avondale.edu.au/Departments/Outdoor-Recreation/Shortcourse-brochure.pdf>

All parts of the application must be completed unless otherwise indicated

Please tick options below:

SCODS3100 OUTDOOR SUPERVISION (PLA) – Compulsory prerequisite to all courses. Complete part A and B of this form only

The courses listed below require Outdoor Supervision (PLA) as a prerequisite

SCBWG3100 BUSHWALKING TRACKED ENVIRONMENTS

SCBWG3200 BUSHWALKING DIFFICULT TRACKED ENVIRONMENTS

SCBWG3300 BUSHWALKING EXTREMELY DIFFICULT TRACKED & UNTRACKED ENVIRONMENTS*

SCCAN3100 CANOEING INLAND FLAT WATER

SCKYK3100 KAYAKING INLAND FLAT WATER

SCABN3100 ABSEILING NATURAL SURFACE

*Please include the Bushwalking Log for Course Convenor to assess skill level

Short courses for Activity Skills Sets (see Handbook)

SISS00122 ARTIFICIAL CLIMBING

SISS00126 WILDERNESS FIRST AID

SISS00123 CHALLENGE COURSE LEADER

SCBRIDG01 BRIDGING COURSE (by Course Convenor invitation only)

Name: Signature: Date:

(if under 18, you will need a parent to sign below)

Name: Signature: Date:

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PART B: SHORT COURSE COSTS



Please tick options below:

OUTDOOR SUPERVISION (PLA) \$160

The following courses require Outdoor Supervision (PLA) as a prerequisite or it can be done with each course.

BUSHWALKING Tracked Environments \$390

BUSHWALKING Difficult Tracked Environments \$390

BUSHWALKING Extremely Difficult Tracked & Untracked Environments* \$480

CANOEING INLAND FLAT WATER \$300

KAYAKING INLAND FLAT WATER \$300

ABSEILING NATURAL SURFACE \$570

BRIDGING COURSE (Course Convenor invitation only) \$TBA Student finance will calculate based on units taken

SKILL SETS (no prerequisites needed)

CHALLENGE COURSE LEADER \$340

ARTIFICIAL CLIMBING \$430

WILDERNESS FIRST AID \$270

TOTAL

Are you applying for Recongised Prior Learning (e.g. Have you previously completed any Outdoor Leadership short courses through any training provider)

Yes - If yes please indicate who the training organisation was - Avondale / Other trainer:

No

Payment method: All courses require upfront payment prior to the enrolment of the Applicant into the course.

My Organisation/Business/Conference will be paying for my selected short course/s

I will be paying directly for my selected short course/s (please fill in payment details below)

*Bushwalking Log – See attached

If applying for bushwalking - Extremely Difficult Tracked and Untracked Environments Avondale needs to assess your experience and skill level. Based on what you can remember, please complete the Bushwalking Log below to provide an outline of bushwalks that you have participated in. The Course Convenor, will be in contact with you once reviewed in line with your application.

CREDIT CARD PAYMENT DETAILS

Card Holders Name (BLOCK LETTERS):

Card Number:

Mastercard: Visa: AMEX: Credit Card Verification Number (CVC): Expiry Date:

Authorised amount up to a maximum of:

Cardholders signature:

Date:

All courses require upfront payment prior to the enrolment of the Applicant into the course.

NAME

- 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
- 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)
- 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
- In what country were you born?**
Australia
Other country
- Are you of Aboriginal or Torres Strait Islander origin?**
Yes, Aboriginal
Yes, Torres Strait Islander
Yes, Aboriginal and Torres Strait Islander
Neither
- 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

AVONDALE STUDENT ID

- Are you still attending secondary school?**
No
Yes. Name of school
- In which YEAR did you complete your highest school level?**
- 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
- Which of the following categories BEST describes your main reason for undertaking this study?**
To get a job
To develop my existing business
To start my own business
To try for a different career
To get a better job or promotion
It was a requirement of my job
I wanted extra skills for my job
To get into another course of study
Other reasons
For personal interest or self-development
- Please specify whether or not you have a disability**
No, I do not have a disability
OR
Yes, I have the following disability/ies

Please tick the box if you would like the Equity Officer to contact you

Hard of Hearing/Deaf	Please contact me
Specific Learning disability	Please contact me
Medical Condition	Please contact me
Physical disability	Please contact me
Low Vision/Blind	Please contact me
Acquired Brain Injury	Please contact me
Intellectual disability	Please contact me
Mental health condition	Please contact me
Neurological condition	Please contact me
Do you have a disability other than the types nominated above	Please contact me

OTHER DETAILS REQUIRED BY AVONDALE COLLEGE

12. What is your religion?

13. 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).

IF YOU ARE APPLYING FOR OUTDOOR SUPERVISION (PLA) YOU HAVE COMPLETED YOUR APPLICATION FORM.

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PART C: PARTICIPANT MEDICAL RECORD



Name: _____ Date of Birth: _____
Mobile Phone: _____
Address: _____
Personal GP (General Practitioner): _____ Phone: _____
Medicare No: _____
Name of Private Medical Ins Co.: _____ Member No: _____
Emergency Contact (name & number): _____ Phone: _____
Address: _____

Do you have any of the following? ADHD Aspergers Autism Bipolar Dyslexia Depression No
Any other learning difficulties? Name of Condition: _____
Is your dental health up to date? Yes No Are you currently taking any medication? Yes No
Medication Name and dosage: _____

Have you ever suffered from or now suffer from, any of the following? – Please complete the section below

Rheumatic Fever		Diabetes	
Swollen or painful joints		Hypoglycaemia	
Heart disease	Severe chest pains	Severe weight loss	
High blood pressure		Hernia or rupture	
Abnormal shortness of breath		Any skin disease	
Bronchitis, pneumonia or pleurisy		Reactions to prescribed medicines	
Asthma		Known allergies	
Hay fever	Sinusitis	Anaphylaxis from	
Ear infections/operations/auditory problems/hearing aid		Unconsciousness, fainting, blackouts	Dizzy spells
Any other ear, nose or throat problem		Concussion or head injury	
Eye or visual problems/glasses/contact lenses		Any major joint or back injury – specify	
Colour blindness		Any fracture – specify	
Anxiety attacks	Severe depression	Any mental illness	Prosthesis
Severe period pain	Unusual period bleeding		Paralysis or muscular weakness
Epilepsy specify –	Grand Mal	Petit Mal	Motion sickness
Severe headaches or migraines			Vertigo height speed position
Sleepwalking or frequent nightmares			Hepatitis
Claustrophobia			Have you had any operations?
Kidney or bladder disease			Have you had any other illness or injury not mentioned? (specify below)

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

Height (cms): _____ Weight (kgs): _____ Swimming Ability: (tick number)
Date of last tetanus injection: _____ Date of last Hepatitis Injection: _____ non swimmer 1 2 3 4 5 strong swimmer

ACCEPTANCE OF RISK:

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:

- following the directions of my instructors.
- using my common sense; and
- 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 University College on this form is complete and accurate, and I will inform the activity leader if there are any changes.

Signature: _____ Date: _____

YOU HAVE COMPLETED YOUR APPLICATION FORM unless you are applying for Bushwalking Extremely Difficult Tracked and Untracked Environments.

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PART D : BUSHWALKING LOG

Name:

If applying for bushwalking Extremely Difficult Tracked and Untracked Environments Avondale needs to assess your experience and skill level. Based on what you can remember, please complete the following log of bush walks that you have participated in. Please provide as much evidence as possible. Add additional pages as necessary.

Date	Location	Access Points or Trip Outline	On / Off Track	Km	Days	Terrain	Weather	My role	Client Group <small>e.g., Educational, social, recreational</small>	Verified by *	Phone

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

Signature:

Date: