

TAFE Delivered VET for Schools (TVET)

Additional form for Outdoor Recreation Courses 2017

For Non-Government Schools not using the Department of Education (DOE) EVET Tool

Read this introductory section before completing the Application form

Please note that completing and submitting an Application to undertake a TVET Course does not guarantee acceptance into the TVET course.

The purpose of this form is to allow us to adequately prepare for your participation in an Outdoor Recreation course with TAFE NSW.

This **Application to Undertake an Outdoor Recreation TVET Course** is to be completed by all students wishing to enroll in an Outdoor Recreation Course.

For all schools that are **not** using the Department of Education EVET Tool (www.evet.nsw.edu.au) Please submit this form with a completed copy of the TAFE Delivered VET for Schools (TVET) application form.

Application forms are to be returned to
Hunter.TAFEforSchools-EVET@tafe.nsw.edu.au

By 21st October 2016

A separate Application is required for each TVET course a student wishes to be considered for.

This information is strictly confidential. Students under 18 years of age must have their parents or legal guardians sign this form.

Please include a signed attachment, if you need to provide more information.

The following pages must be fully completed and submitted prior to 21st October 2016

Name:..... DOB:Female Male

Address:..... State:..... Post Code:.....

Ph. Home:..... Ph. Work:..... Ph. Mob:.....

As this course is in high demand, where possible, please identify in order of preference and your availability, which Block Release you would like to attend. If you could only attend for one specific block release date please only identify that preference.

Start Dates	End Dates	TVET Offer Code	Name of Course	Please list your Preference from 1-4
Block 1 - 24/02/17 Block 2 - 17/04/17	Block 1 - 05/03/17 Block 2 - 26/04/17	17/L8127	Outdoor Recreation - BLOCK RELEASE - TOP	Preference
Block 1 - 10/03/17 Block 2 - 19/05/17	Block 1 - 19/03/17 Block 2 - 28/05/17	17/L8128	Outdoor Recreation - BLOCK RELEASE - TOP	Preference
Block 1 - 24/03/17 Block 2 - 07/07/17	Block 1 - 02/04/17 Block 2 - 16/07/17	17/L8130	Outdoor Recreation - BLOCK RELEASE - TOP	Preference
Block 1 - 05/05/17 Block 2 - 28/07/17	Block 1 - 14/05/17 Block 2 - 06/08/17	17/L8147	Outdoor Recreation - BLOCK RELEASE - TOP	Preference

NB* Students MUST complete both blocks in 2017 to be eligible for their HSC units.

Medicare Number:..... Membership Number:.....

Health Insurer:..... Doctor Name:..... Phone:.....

1st Emergency contact:

Name:..... Relationship:.....

Ph. Home:..... Ph. Work:..... Ph. Mob:.....

Address:..... State:..... Post Code:.....

2nd Emergency contact:

Name:..... Relationship:.....

Ph. Home:..... Ph. Work:..... Ph. Mob:.....

Address:..... State:..... Post Code:.....

Date of last tetanus inoculation?/...../.....

(We strongly recommend you are current with your inoculations)

Are you a Swimmer? **Y / N** (Swimmer indicates you can swim unassisted more than 100 metres)

Do you wear glasses or contacts? **Y / N** Do you have dentures / false teeth? **Y / N**

Detail any specific dietary requirements you have:

.....
.....

Do you have any known allergies? **Yes / No** If yes, **what is the allergy and reaction?**

.....
..... **** You must complete Allergic Reaction Management Plan Part One and Two**

Do you have asthma **Yes / No** if yes, what is the trigger and the reaction?.....
.....
.....***You must complete the Asthma management plan**

Do you have any disabilities or illnesses? **Yes / No** (e.g. diabetes, epilepsy, dyslexia, deafness, vision impairment, high blood pressure, heart and or lung condition, emotional behavior disorders). Please advise details:

If yes to any of the above, have you ever been hospitalised for your condition? Please advise details:

Have you ever suffered from a stress related illness? **Yes / No** Please advise details:

Are you currently taking any form of medication? **Yes / No** If yes, detail name, dosage and frequency and for what condition:
.....
.....**All medication MUST be brought on the program**

Do you have any past injuries? **Yes / No** If yes, Please advise details:

Have you undergone surgery in the past 3 years? **Yes / No** If yes, Please advise details including date and type:

Are there any other medical conditions we should be aware of?

IMPORTANT NOTICE

Outdoor activities, by their nature, possess inherent risks. Certain additional risks and dangers may be encountered including; remoteness from normal medical services, physical exertion in rugged environments and extremes in weather.

Do any of your medical conditions impact on your capacity to perform strenuous physical exercise; or would be a risk when working at heights; or could any of your medical conditions pose a potential life threatening risk in the outdoor environment?

YES **NO**

If yes, please provide details:
.....
.....
.....

Print Name:..... Signature:..... Date:.....

(For students under 18 years of age please see PARENT or LEGAL GUARDIAN section)

MEDICATIONS

It is common for TAFE staff to carry the following medications in their first aid kits.

Please specify if any of the following medications should not be given to you.

- | | | |
|--|--|---|
| <input type="checkbox"/> Panadol-500mg | <input type="checkbox"/> Imodium-2mg | <input type="checkbox"/> Ventolin-100mg |
| <input type="checkbox"/> Nurofen-200mg | <input type="checkbox"/> Glucodin-50mg | <input type="checkbox"/> Senokot- 7.5mg |
| <input type="checkbox"/> Telfast-180mg | <input type="checkbox"/> Gastrolyte-5.2g | <input type="checkbox"/> Epi-pen-0.3ml |

PARENT or LEGAL GUARDIAN

Parent/Legal Guardian..... Date/...../.....

(For students under 18 years of age)

* ASTHMA MANAGEMENT PLAN

To assist us in taking the appropriate precautions, it is important that we have the following information. This level of information is recommended as a minimum by the Asthma Foundation. Please seek advice from your medical practitioner if necessary when completing this section and attach separate sheet if necessary.

Regular medication:

.....

Quantities and daily dosages:

.....

Additional medication to be taken during an attack (please specify name, dosage and reason):

.....

.....

.....

(The medications listed above must be carried in the field)

Expected best Peak Expiratory flow reading (if known):

Peak Expiratory flow reading requiring extra medication (if known):Peak Expiratory

Flow reading when advisable to seek medical assistance (if known):

Known trigger factors:

.....

(Please fill out part two of allergic reaction management form)

**** ALLERGIC REACTION MANAGEMENT FORM (Part One)**

The purpose of this form is to allow us to adequately prepare for your participation in Outdoor Recreation with TAFE NSW. This information is strictly confidential.

Students under 18 years of age must have their parents or legal guardians sign this form.

Please complete part 1 and part 2 of the Allergic reaction management form.

Please seek the advice of your medical practitioner if necessary when completing this form.

Name:

Allergic To:

What are the signs and symptoms of the reaction?

.....
.....
.....
.....

Have you at any time in the past suffered from?

- **A localised reaction** (any rash, itching, swelling at the site the poison has come into contact)
- **A systemic reaction** (any rash, itching swelling away from the site where the poison has come into contact)
- **An anaphylactic reaction** (severe breathing problems, swelling of the body, emergency situation, loss of consciousness)

What medication do you take (if any) for prevention against an allergic reaction?

All medication for the sufferer's allergic reaction must be brought on the program and noted on the medical form.

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.....

What treatment is followed if an allergic reaction occurs?

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.....
.....

Please fill in the (Part Two) of this form

**** ALLERGIC REACTION/ ASTHMA MANAGEMENT FORM (Part Two)**

Six vital questions – (please answer by circling)

- | | | |
|----|--|----------|
| 1. | Do you suffer a systemic reaction to your allergy/asthma? | Yes / No |
| 2. | Do you have an anaphylactic reaction to your allergy? | Yes / No |
| 3. | Is there a family history of anaphylaxis? | Yes / No |
| 4. | Have you ever been hospitalised due to an allergic reaction/asthma attack? | Yes / No |
| 5. | Is adrenaline (eg adrenaline injection, epi-pen) administered when you suffer from an allergic reaction/asthma attack? | Yes / No |
| 6. | Has oral steroid use been part of the treatment for you allergy/asthma? | Yes / No |

If YES has been answered to anyone of these 6 vital questions the following is mandatory:

Your medical practitioner must be consulted about your / their participation in the program.

Participation in the program will depend on full agreement by the TAFE Coordinator and the Medical Practitioner.

The medical practitioner is to be advised of the following information:

- On wilderness programs the participant may be more than 4 hours away from medical/hospital treatment
- TAFE staff have current first aid qualifications and carry Remote Area or Wilderness First Aid kits

I (first name, last name)

Of (address)

Ph. Home: Ph. Work: Ph. Mob:

Agree to participate in a TVET camp as delivered by Outdoor Recreation teachers within TAFE NSW.

I (or my son/ daughter /ward) agree and understand that:

- Outdoor activities such as Bushwalking, Canoeing, Rock Climbing, Abseiling, Kayaking, Surfing, Rafting and Mountain Biking possess inherent risks.
- The activity will be fully supervised by qualified outdoor recreation TAFE staff.
- I attend the activity entirely at my own risk, and must exercise due care to ensure my personal safety and that of others.
- I have no known medical or physical condition that may be exacerbated by participation in the activity (If so, detail on medical form).
- I will conduct myself in a safe and responsible manner for the duration of the activity.
- I must follow any direction or advice affecting my safety given me by TAFE outdoor recreation staff.
- I hereby consent and agree to TAFE using my photograph, video or film likeness for promotional or training purposes.
- I accept all risks associated with the activity for myself and my heirs, executors and assignees and release TAFE NSW and its servants and agents from all claims, actions, suits, and demands from loss or injury to me or my dependents arising from my participation in this activity.

If you have any questions regarding the activity contact:

- Your School VET Coordinator
Or
- **Peter Ljubic** | Outdoor Recreation Coordinator – Hunter TAFE | Phone: 02 4936 0284 |

I have read this indemnity agreement and I fully understand its contents.

Participant Signature: Parent/Guardian Signature:

Print Name: Print Name:

Date: Date:

(NOTE: to be signed by a parent or guardian when the participant in under 18 years of age.)

TAFE OUTDOOR RECREATION DISCIPLINE POLICY

In an Outdoor Recreation setting, classes are not held within the confines of a building but instead are conducted in the outdoor setting. The environment surrounding the class can be unsafe should students not follow instructions from staff. For example there are inherent risks associated with cliff environments where abseiling and rock climbing are taught and river environments where canoeing is taught. For obvious safety reasons it is essential that students follow staff directions at all times when learning in these sorts of environments.

At the beginning of a program, staff and students will sit down to discuss standards of acceptable behaviour and a "Learning Contract" will be drawn up. These contracts typically include things like being respectful, one person talking at a time, not putting other people down, being honest, respecting other people's right to learn etc

Discipline Breaches in the Field

Should a student be operating in an inappropriate or unsafe manner they will have committed a discipline breach which equates to a designated discipline level. This breach may be as simple as moving too close to the edge of the cliff whilst unroped or entering a canoe without a floatation device.

Students will generally receive two level 1 discipline breaches before being removed from the activity; a third offence may result in removal from the program following consultation with the TAFE On Call Contact (OCC). Should a student be knowingly placing themselves or others at risk then they will receive no warnings but will be removed from the activity (Level 2).

Discipline Levels:

LEVEL 1 - A minor behavioural issue will receive a warning and an explanation as to why that behaviour is unacceptable. TAFE OCC does not need to be notified, but a discipline proforma needs to be completed and lodged with the Head Teacher upon return from the program

LEVEL 2 - Ignoring this warning by continuing the same behaviour or a similar behaviour will receive a warning of removal. The student may also be isolated from the activity at this level. The OCC is to be notified and a discipline proforma needs to be completed and lodged with the Head Teacher upon return from the program. At this point the TAFE OCC will contact the student's school contact and parents

LEVEL 3 - Ignoring this warning by continuing the same or similar behaviour will result in the offending student being removed from the program. A student may also reach level three and program removal by a single breach such as violence, drugs and alcohol.

Student Name:

Student Signature:.....

School:

Supported by: (school delegate).....

Parent/Guardian:.....

Selection Criteria for Hunter TAFE TVET/Outdoor Recreation/Block Delivery:

Each enrolling student needs to answer the following questions. The answers will determine whether you are successful in gaining a place in this program.

Please note: Places for this course are limited and extensively resourced. The failure of a successful applicant to not attend this program will affect TAFE NSW and your school's ability to undertake future courses.

Please describe:

•**Your current attitude towards school study?** (eg. Why is your current school study attitude important to being on this program?)

.....
.....
.....

•**Your level of maturity?** (eg why is being mature important on this program?)

.....
.....
.....

•**Your suitability to an adult learning environment?** (eg how well do you work with others and how could you improve?)

.....
.....
.....

•**Your commitment to completing this 10-day course?** (This program can often be mentally challenging. 'When the going gets tough' what are your strengths?)

.....
.....
.....

•**Your current interest in this program?** (eg what are your current outdoor hobbies and interests? How could this program contribute to your future study plans and possible career interests?)

.....
.....
.....

Applicants not using the Department of Education tool EVET for enrolment, will be notified via their school by mail of successful or unsuccessful entry in this course.

I**sign this application to acknowledge I understand my responsibility as a committed applicant to attending and completing this Outdoor Recreation course I am applying for.**

Signature **Date**



Waiver of Liability (Acknowledgement of Risk Agreement)

Climbing, bouldering and abseiling are dangerous recreational activities with obvious risks. All climbers must be willing to take personal responsibility for their own safety and actions and acknowledge the inherent risks involved.

YOU ARE PARTICIPATING AT YOUR OWN RISK

As acknowledgement of my understanding I agree to initial each statement below and fill in my personal details, sign and declare all information contained herein to be true and correct.

To minimise any risk, I agree to comply with all verbal directions given by management and/or staff. I further agree that I have read, understand and agree to comply with all Rules and Safety Instructions which are displayed throughout this facility. I will ask for an explanation to my satisfaction should I not fully understand any of these instructions, prior to commencing any or all of the above activities.

I understand that indoor climbing involves risks that may cause various injuries and that such injuries may result in death or serious disability. I also understand that indoor climbing is physically demanding and in susceptible people may cause panic, hyperventilation or heart attack.

I agree that I have been sufficiently advised of the risks of indoor climbing. I wish to participate and do so entirely at my own risk of injury or bodily harm to myself. I accept full liability for my actions and the actions of any person in my care, whilst utilising this facility.

I hereby release Pulse Climbing Pty Ltd, the owner of the premises and all employees, staff and assistants of Pulse Climbing Pty Ltd, or any other persons involved in my participation in indoor climbing at Pulse Climbing from any suit, demand, action or claim for compensation whether for personal injury or damage to property arising from my participation in any or all of the above activities.

I acknowledge and accept that should my actions or the actions of those in my care, present a danger or be of a reckless nature to either ourselves or to others at this facility, then the management and /or staff of Pulse Climbing Pty Ltd have the right to request me/us to leave the premises immediately and that we will not be entitled to a refund or recourse of any nature.

I am aware that the waiver is ongoing and will apply to all future occasions I participate in indoor climbing at Pulse Climbing. I furthermore acknowledge that this document is contractual and may be relied upon in any proceedings by me, my heirs, executors and assigns.

First Name _____ Surname _____ Male Female

Address _____ Suburb _____ Postcode _____

Date of Birth ____/____/____ Phone _____ Mobile _____

Email _____

I am over 18 and legally competent to sign this agreement.

Signature _____

By signing this form I acknowledge, understand and agree to all of the above statements, terms and/or conditions (even if I have not initialed all of the statements).

If **under 18 years** Full name and signature of parent or guardian.

Name _____

Signature _____

Emergency Contact Details: Name _____ Relationship _____

Phone _____ Mobile _____