

Certificate in Ski Patrol Student Application Questionnaire

Name: _____

Please answer the following questions, to the best of your ability, in your own handwriting. There are no right answers for these questions. The purpose is to give us an insight into your level of prior learning as it relates to this programme.

1. **What training/experience have you had in the following subjects? Please give details.**

Customer Service:

Risk Identification:

First Aid:

Communications:

Mountaineering and/or Rock Climbing:

2. What experience have you had in Ski Area Operations?

3. Why do you wish to be considered for this programme?

4. Referees

Please provide the names of two referees who may be contacted by us.

Name: _____

Relationship to referee: _____

Telephone: Day: (0) _____ Night: (0) _____

Name: _____

Relationship to referee: _____

Telephone: Day: (0) _____ Night (0) _____

Attach supporting evidence here

5. Personal Assessment of Skiing and Boarding Ability
[Answer for both skiing and boarding]

On Piste Conditions - tick one box only

Describe your ability as a skier

Expert Strong Intermediate Intermediate Beginner

Describe your ability as a snow boarder

Expert Strong Intermediate Intermediate Beginner

Off Piste Conditions - tick one box only

Describe your ability as a skier

Expert Strong Intermediate Intermediate Beginner

Describe your ability as a snow boarder

Expert Strong Intermediate Intermediate Beginner

Attach any supporting evidence of your ability to the top of this page.

Supporting evidence includes a signed letter from a NZSIA Instructor or a reference from someone involved in the ski industry that is capable of making an accurate evaluation of your skiing and/or boarding ability.

6. Do you have a current First Aid Certificate? *(please circle)*

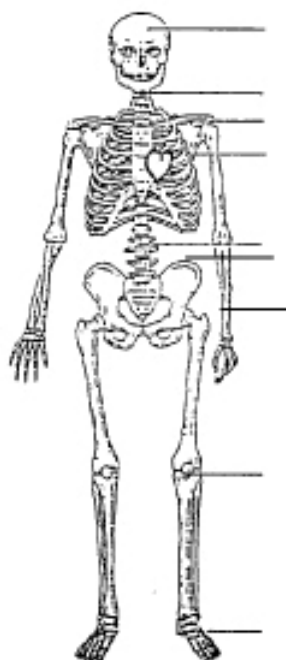
YES / NO

Attach a copy to the top of this page

CONFIDENTIAL MEDICAL INFORMATION

Name: _____ Programme: _____

Please read this carefully: Medical conditions do not necessarily prevent you from participation in our programme. In the interest of safety could you please indicate with a tick (✓) if you have ever suffered from, or do suffer from any of the following.

Injuries to: Head Neck Shoulder/Arm Heart Spine/Back Pelvis/Hip Wrist Knee Ankle Asthma Diabetes Claustrophobia Haemophilia Allergies (bee stings, etc) Epilepsy Episodes of depression,
anxiety or breakdowns. Other (e.g. serious illness,
operation or injury)**I have trouble :** Seeing Hearing Speaking English Swimming/Floating**I consider my health to be:**Excellent Good Restricted Fair

Reasons why: _____

Are you on any medication? (If so, please state.)

Are you allergic to anything? (If so, please state)

In case of emergency who should be contacted?

Name: _____

Relationship: _____

Telephone: Day (0) _____ Night (0) _____

Mobile Phone _____

From time to time the programme will be remote from immediate hospital or medical care. By signing this form you are giving consent to receive medical treatment from the tutor(s) and/or medical personnel in an emergency situation. You are also allowing your medical information to be supplied to all tutors employed to teach you on the programme. This information will otherwise be treated as confidential.

FITNESS DECLARATION

It is the responsibility of the student to maintain his/her personal fitness at the level required to participate in all practical components of the programme. This is a Health and Safety requirement, not only for the individual concerned, but also for staff and other students in the group.

Failure to maintain fitness at the required level will result in the Polytechnic withdrawing the student from those practical components of the programme wherein the student's lack of fitness poses a safety risk. Such withdrawal will not entitle the student to any fee refund.

I agree to the above conditions of entry to outdoor recreation programmes.

Name: _____
(Please print)

Signature: _____ Date: _____

ACKNOWLEDGEMENT OF RISK

By signing this form, I acknowledge that there are inherent risks involved in the outdoor activities I will be participating / training in whilst studying outdoor pursuits programmes at Tai Poutini Polytechnic. I understand that Tai Poutini Polytechnic will take all practicable steps possible to ensure my safety, however my safety cannot be absolutely guaranteed.

DECLARATION

I certify that the details given on this form are correct and that, if accepted for this programme, I will observe such rules and conditions as may be required by Tai Poutini Polytechnic.

Signature: _____ Date: _____