## **Outdoor Activities Questionnaire**



Applicant's Name	
Programme Name	New Zealand Certificate in Outdoor and Adventure Education (Multi-skilled) (Level 4)
The questions below are to he outdoor activities so please a	elp the Adventure Tourism staff get to know you and the activities you enjoy. You do not have to be super fit in aswer the best you can.
What activities have you expe	erienced and enjoyed?
How long have you been doin	g these activities?
Can you swim a minimum of 5	50 metres non stop unaided?  Yes No
Can you carry a full overnight	tramping pack on multi-day trips?
To ensure we have the appropriate the appropriate to the appropriate the appro	priate safety gear that fits you (for example spray skirt, wetsuit), can you please let us know your height and weight.
How well do you communicat	e with customers and other people? Do you enjoy sharing knowledge with others?
How would you share your kn	owledge and inspire customers who are not interested in the outdoors?
What are your expectations o	f this programme? For example, what are your goals for after this programme?
What interests do you have in	the tourism industry? What would you most like to learn about?

Please return this form to <a href="mailto:enrolments@nmit.ac.nz">enrolments@nmit.ac.nz</a> or Te Pūkenga trading as NMIT (NMIT), 322 Hardy Street, Nelson attention Enrolments Team

## Privacy Act 2020

This information and opinion provided in this report constitute 'personal information' in terms of the Privacy Act 2020. The person about whom this information and opinion are provided (the applicant) is entitled to have access to this report under Information privacy principle 6 (IPP6) and to seek correction of this report under IPP7. Information or opinion provided in this report may be disclosed under IPP11 to the applicant and members of the Selection Committee.

## **Health Declaration**



Applicant's Name		
Programme Name	New Zealand Ce	ertificate in Outdoor and Adventure Education (Multi-skilled) (Level 4)
(Level 4) programme, this programme medical facilities for up to four days at	can be physically a time. As some	nce onto the New Zealand Certificate in Outdoor and Adventure Education (Multi-skilled) and mentally demanding and challenging and require students to be away from home and health issues may make it difficult to manage activities, placement and/or full-time study, hyou to determine any support you may require if are successful with your application.
Do you have any current or long-term	physical health iss	ssues?   Yes   No. If yes, please provide details below.
Do you have any current or long-term	mental health issu	sues?  Yes No. If yes, please provide details below.
Do you have any drug or alcohol relate details below.	ed problems or ha	ave you received treatment for either in the past?   Yes No. If yes, please provide
Do you require regular or periodic trea	atment from medi	lical/health practitioners?
In the last five years, have you had any details below.	y major illness req	quiring medication or other forms of treatment?   Yes No. If yes, please provide
Do you have any allergies?  Yes	No. If yes, pleas	ase provide details below.
Do you have any dietary requirements	s?	o. If yes, please provide details below.
In the event of a medical emergency w	vho do you want N	NMIT to contact?
Name and Contact Phone Number (fa	amily member)	
Name and Contact Phone Number (fo	riend)	

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