

Citizenship *(Please tick the box that best describes your citizenship status).*

☐ NZ Citizen ☐ Australian Citizen ☐ NZ Permanent Resident ☐ Other _____

Ethnicity *(Please tick the box next to the main ethnic group you belong to for MOE statistical purposes).*

☐ NZ European ☐ New Zealand Māori * ☐ Australian ☐ Other: State _____

*Iwi: If you ticked NZ Māori, do you associate with an iwi? ☐ Yes ☐ No *(Tick one)*

If yes, please state the name of your iwi: _____

Emergency Contact

Contact Name _____ **Contact Phone** _____

Disability/Medical condition/illness:

Components of the training are physically demanding in nature. Therefore, we need to be aware of any impediments to you completing these components.

Do you have any health factors or physical limitations which may affect the training being performed, personal safety or the safety of others? ☐ Yes ☐ No If Yes please state: _____

Do you live with the effects of any significant injury, long term medical condition, illness, or disability that may affect your ability to complete the training?

☐ Yes ☐ No If Yes please state: _____

Dietary Requirements:

Do you have any dietary requirements i.e. Vegan, Vegetarian or Food Allergies?

☐ Yes ☐ No If Yes please state: _____

Water / Fire / Heights:

Components of the training require the student to deal with real scenarios involving firefighting, survival in water, righting an upturned life raft and entering water from a height. It is a requirement to be able to swim a small distance and you must be able to stay afloat unaided for at least 60 seconds. If we know of any issues prior to the training, we can work with you to overcome those problems and achieve a successful outcome.

Can you swim 25 metres without any form of buoyancy aid such as a life jacket or wet suit?

☐ Yes ☐ No

Do you have any issues with being in or under water, in deep water where you cannot stand on the bottom of the pool, or being at height?

☐ Yes ☐ No

Working in dark/small spaces, wearing a breathing apparatus mask, or dealing with fire?

☐ Yes ☐ No

If Yes to any of these questions, please give brief details: _____

Reading/Writing:

The theory components of the training require the successful completion of written assessments. These assessments are not difficult and are designed simply to confirm understanding of the topic. To assist us in planning our training sessions we need to be aware of learner's capabilities.

Do you have any issues with reading/writing or is English a second language?

☐ Yes ☐ No If Yes please state:

Privacy:

VHNZ | Poutū Huapae collects and stores information from this form to comply with the requirements of the Ministry of Education | Te Tāhuhu o te Mātauranga, NZ Qualifications Authority | Mana Tohu Mātauranga o Aotearoa, and Maritime NZ | Nō te rere moana Aotearoa. The information is also used to manage internal administrative processes and for internal reporting. Information about learners may be supplied to, and sought from, other educational institutions for the purposes of verifying academic records.

In signing this enrolment form you authorise such disclosure on the understanding that VHNZ | Poutū Huapae will observe the general conditions governing the release of information, as set out in the Privacy Act 1993. You may see any information held about you and amend any errors in that information. To do so contact the VHNZ | Poutū Huapae administration officer.

Fees:

This section applies to those who are independent learners only (not those whose fees are being paid for by their employer). In signing this enrolment form you undertake to pay all fees when due and to need any late fees collection charges and associated debt recovery.

Rules:

In signing this enrolment form you undertake to comply with all rules and policies of VHNZ | Poutū Huapae with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

Declaration:

I declare that the information provided by me is accurate and complete.

I understand that failure to disclose required information or the supply of incorrect information may result in my enrolment not being processed, or my enrolment being cancelled.

I understand that the purpose of collecting this information is to allow VHNZ | Poutū Huapae to carry out the functions required of them as a tertiary education provider and to make my training record available to customers and employer to validate the currency of my training.

I authorise VHNZ | Poutū Huapae to disclose this information, when required, to relevant agencies including but not limited to Government agencies and tertiary providers and when required by law.

I understand that VHNZ | Poutū Huapae will release information to other Government agencies such as the New Zealand Police | Nga Pirihimana O Aotearoa, WorkSafe New Zealand | Mahi Haumarua Aotearoa, Department of Justice | Te Tāhū o te Ture, Ministry of Social Development | Te Manatū Whakahiato Ora, Inland Revenue | Te Tare Taake, and the Accident Compensation Corporation | Te Kaporeihana Āwhina Hunga Whara.

I authorise VHNZ | Poutū Huapae to disclose my information to the above agencies on the understanding that VHNZ | Poutū Huapae will observe the general conditions governing the collection, use, storage and disclosure of personal information under the Privacy Act 2020 and Education and Training Act 2020.

I understand that I may view any information that VHNZ | Poutū Huapae holds about me at any time and amend any errors in that information, by contacting the Chief Operating Officer at VHNZ | Poutū Huapae, PO Box 15030, Tauranga 3144 or emailing info@verticalhorizonz.co.nz

I consent to receiving electronic messages from VHNZ | Poutū Huapae in relation to goods, services and facilities that are available to me.

I understand that my employer, and/or the person or organisation who funded this course, may copy and view this material to check my attendance, record of training, and my or VHNZ | Poutū Huapae performance.

I agree that VHNZ | Poutū Huapae may use material collected during this course for future training and marketing purposes. I understand my name will not be associated with any of this material without a separate agreement.

Signature: _____

Date: _____