

Training Course Application

Course

details:

.....
(course) (date) (location)

Full Name _____

Date of Birth ____ / ____ / ____

Postal address _____

18 years of age or over on assessment date:

Contact details:

Phone - Work _____

Post Code: _____

Home _____

Mobile _____

Email (*please print*) _____

Occupation / Employer: _____

Membership

Are you a **current** NZOIA member?

No / Yes

- Membership Number: _____

(If NO, please note that you will need to join NZOIA as a full member before the assessment – membership details are on the NZOIA website at: <http://www.nzoia.org.nz/membership/index.asp>.)

Enclosed: (please tick).

COPY of Logbook

Summary Sheet(s)

Assessment Fee \$.....

Membership Subscription \$.....

Other information (please detail) _____

**** a training course fee may be paid:**

- **online by credit card at:** <http://www.nzoia.org.nz>

- **by direct debit** in account 12-3223-0130359-00 (please reference)

- **by cheque** (please write out to NZOIA Inc. and attach to this application).

- **by entering your credit card details below.**

Payment details:

Cheque enclosed: Paid online: ___/___/___ Charge my: Mastercard Visa Other ___

Credit card details -

Name as on card: _____

Card Number: _____ Exp: ____ / ____ / ____

Signature: _____

Date: ____ / ____ / ____

Risk Disclosure Form

COURSE: _____ DATE: _____

Last name		First name
Male / Female	Age	Country
Email address		
Emergency contact person: Address:		
Contact person's relation to you:		
Emergency contact phone numbers:		
Do you have any medical conditions we should know about? YES NO		
If yes, please describe the condition:		
Are you taking medication? YES NO	If yes, what is it?	
Is there anything else we should know to help keep you safe, e.g. fear of heights, non-swimmer?		

Risk disclosure acknowledgement

I understand there are risks involved in the activities I'll be undertaking. I also understand that an unpredictable or uncontrollable event may occur that could possibly cause me serious harm or death. I'm aware of the importance of my voluntary participation and the consequences should I ignore the NZOIA assessor's or trainer's directions.

I acknowledge that the organisation will take all reasonable and practicable steps to keep me safe while I'm involved in these activities. However, I accept full responsibility for my own actions or inaction.

I have read and understand this risk disclosure:

.....
Participant's signature (or parent / guardian's signature if participant under 18 years)