EASTERN INSTITUTE OF TECHNOLOGY
NEW ZEALAND

NZ Diploma in Sport, Recreation and Exercise

Brief Personal Statement

Applicant Name: .....

1. What do you believe are your personal strengths?

2. How would you describe your attributes as a friend, a family member, or as a member of your community?

3. Why are you interested in studying for a qualification in sport, recreation and exercise?

4. Has your health ever affected your performance at work/school?

☐ Yes ☐ No

If YES, please comment:

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5. Have you ever had a criminal conviction*?

☐ Yes ☐ No

As part of this programme you may have practical experiences with agencies or organisations who may require you to obtain a Police vet of your personal information for any criminal convictions, criminal history, and details of fines and enforcements. A prior conviction may not necessarily exclude you from acceptance into the programme, but we may need to discuss it with you.

6. Do you have a First Aid Certificate that includes NZQA Unit Standards 6401, 6402 and 6400?

☐ Yes (a copy of this will need to be provided at time of application)

☐ No

If you have any other First Aid Unit Standards, please list them here:

.....

Note that a First Aid Certificate is valid for two years from date the of issue. If you do not hold a current First Aid Certificate you will have an opportunity to gain this as part of the programme.

Applicant Signature: .....

Date: .....

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Health Declaration Form

Should you have any questions about the level of health required to complete this programme please contact the Programme Coordinator prior to completing this declaration.

I declare that I have no medical, physical or psychological conditions that would significantly impact on my ability to participate in the practical and theory components of this programme. Should my health status change dramatically during my study I confirm I will make the Programme Coordinator aware of this change:

Applicant Name: .....

Applicant Signature: .....

Date: .....

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Student Field Trip Contract Form

Student Name: ..... Student ID Number: .....

Programme: .....

Responsibility

I agree to take full responsibility for my actions while away on Field Trips and understand that EIT will not be responsible for any damage or misdemeanour caused by me. I will also take full responsibility for any loss of private property and or money.

I agree to meet the regulations and protocols of Field Trip hosts as explained to me before and during the Field Trip.

I recognise that it is also my responsibility to take reasonable care of my own health and safety, and to be aware of the safety and actions of my fellow students. I will report to the tutor any concerns or problems which may arise during the duration of a Field Trip. If a student requires assistance regarding their safety, I will endeavour to assist them and notify the tutor of the situation.

If any of the information I have given below changes, I will contact the Programme Administrator and complete a new form.

Transport

I will ensure that I arrange transport to and from Field Trip activities. (Please discuss this with the tutor or administration staff well in advance of the off campus activity.)

Venue (only in the case of an excursion)

I will stay together with the group at the venue arranged by EIT for any Field Trip, unless I have specifically requested an exemption. (This exemption needs to be in writing and must be signed off by the Programme Coordinator and your tutor.)

If an emergency should arise, my next of kin to contact is:

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

Address: ..... Home Number: .....

..... Mobile Number: .....

..... Work Number: .....

Student Signature: ..... Date: .....

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Field Trips

You are responsible for keeping your personal information on this form up-to-date. If any of the information changes you are required to contact the Programme Administrator immediately and complete a new form.

If you have not completed this contract and sent it to the Programme Administrator, you will not be allowed to attend any field trips in the programme.

When you are involved in field trips as part of this programmes, a high standard of dress and behaviour are required. Relevant codes of conduct in the EIT Student Handbook and specific rules and regulations governing the field trip or placement must be observed carefully. Failure to observe these standards may have serious consequences, including failing the course or even exclusion from the programme.

Health Information

Students are reminded that in case of any health condition, they must carry their medication, are encouraged to inform the staff member in charge of the trip of what needs to be done to support them, and what to do in case of an emergency.

The details on the following **Student Health Profile And Consent To Participate Form** are to be completed and returned to your tutor, Programme Administrator or Programme Coordinator immediately and will need to be updated as and when any circumstances change that may impact on your participation during field trips.

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Student Health Profile and Consent to Participate Form

Student Name: ..... Medic Alert Number: .....
(if applicable)

1. Please tick if you have any of the following:

☐ Migraine	☐ Epilepsy	☐ Asthma
☐ Diabetes	☐ Travel sickness	☐ Fits of any type
☐ Chronic nose bleeds	☐ Heart condition	☐ Dizzy spells
☐ Colour blindness	☐ ADHD	

Other (please specify):

.....

For overnight events:

☐ Sleepwalking ☐ Insomnia

2. Are you currently taking medication? **Yes** ☐ **No** ☐

If YES, please state: Health condition/s:

.....

Name of medication/s:

.....

Dosage and time/s to be taken:

.....

Other treatment:

.....

3. Is a health plan required? **Yes** ☐ **No** ☐

Have you had any major injuries (breaks or strains) or illness (glandular fever, COVID, etc) in the last six months that may limit full participation in any activities?:

☐ Yes ☐ No

If YES, please state the injury/illness:

.....

.....

Continued over page

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	☐	☐	
Food	☐	☐	
Inset bites/stings	☐	☐	
Other allergies	☐	☐	

What treatment is required?

5. When was your last tetanus injection?

6. Outline any dietary requirements:

7. To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?

☐ Yes ☐ No

If YES, please give brief details:

8. Is there any information the staff should know to ensure your physical and emotional safety? (For example, cultural practices; disability; anxiety; about heights/darkness/small spaces; pregnancy; behaviour or emotional problems)?

☐ Yes ☐ No

If YES, please state or attach the information:

Continued over page

9. Agreement and Signature - please tick each box and sign below.

- ☐ I agree to myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- ☐ Any medical costs not covered by ACC, or a community service card, will be paid by me.
- ☐ If I am involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, I will be sent home at my expense.
- ☐ I note that EIT does not carry insurance for personal property that may be damaged, lost or stolen during the programme.
- ☐ I am aware that the programme operates with an ethos of personal choice. I understand that I have the choice to step back from any programme activity should I feel my physical, emotional, and/or cultural safety may be compromised.

Student Name: .....

Student Signature: ..... Date: .....