

Application Form	
Name:	
Address:	
Postcode:	
Home Phone:	Work phone:
Mobile:	
Email address:	
Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Date of Birth: / /	
Name and date of course you have applied for?	
<i>Should a place be unavailable on the course you have nominated, do you wish to be considered for a later similar course? Yes <input type="checkbox"/> No <input type="checkbox"/></i>	
In case of emergency, please contact:	
Name:	
Address:	
Postcode:	
Home Phone:	Work phone:
Mobile:	
Acknowledgment of use of Images	
I _____ (full name), hereby acknowledge that the photographs and other images described below as the "images," may be taken on behalf of the Tasmanian Government. I accept that the Tasmanian Government may deposit images in its "Communications Image Library" and such images may be used in print publications, on the World Wide Web, for promotional purposes or for purposes related to the activities, programs and services of the Tasmanian Government. The images taken by Wilderness Program staff comprise participant activities undertaken during the wilderness program in which I participated	
Signed: _____ (applicant)	
Signed: _____ (parent/guardian if under 18)	
Date: _____	
Release Consent	
I _____ (full name), consent to releasing a copy of my post-program report to my referral agent. I understand that information in this report is for the purpose of assisting post course follow up.	
Signed: _____ (applicant)	
Signed: _____ (parent/guardian if under 18)	
Date: _____	

Medical Information		
Doctor's name:		
Doctor's phone number:		
Do you have any medical conditions requiring medication?		
<input type="checkbox"/> ADHD	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Bleeding Condition	<input type="checkbox"/> Depression	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	
<input type="checkbox"/> Heart disease	<input type="checkbox"/> Kidney disease	
<input type="checkbox"/> Other (please state) _____		
Please list any regular or intermittent medication that you take		
Medication	Dosage	Frequency
Describe what happens to you if you fail to take your medication?		
Do you have enough medication to bring with you to last the length of the program? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Please describe any medical conditions you have that do not require medication? eg. eating disorders? (If so describe)		
Do you have any allergies? Yes <input type="checkbox"/> No <input type="checkbox"/> If so what substances, foods or drugs are you allergic to?		
Please describe any disabilities?		
Describe any fears or phobias you have? (eg. water, heights)		
Have you had surgery in the last 12 months or are you awaiting any surgery? (if so describe).		
When was your last tetanus injection? Within the past: <input type="checkbox"/> 2 years <input type="checkbox"/> 5 years <input type="checkbox"/> Unsure.		
How comfortable are you in the water?		
<input type="checkbox"/> Non swimmer <input type="checkbox"/> Moderate swimmer <input type="checkbox"/> Strong swimmer		
Do you have any special dietary requirements?		
Boot size: Jacket size: <input type="checkbox"/> XXL <input type="checkbox"/> XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> XS		

Assumption and Risk Consent
I _____ (full name), am aware in signing this Assumption of Risk document relating to participation in Wilderness Program activities that certain elements of the program are physically and psychologically demanding. The program includes activities such as bush walking, rock climbing, abseiling, caving and kayaking in remote bush areas.
Furthermore I understand that certain risks and dangers such as those listed below exist in activities in which I will be participating. These risks include but are not limited to loss or damage to personal property, injury or fatality due to bad weather, slipping, falling, insect bite, cold exposure, or suffering any type of illness or injury in remote areas without easy access to medical facilities or while travelling to and from activity sites.
I acknowledge that while the Wilderness Program and its staff will make every reasonable effort to minimise the exposure to known risks, not all dangers associated with these activities can be foreseen. Furthermore I understand that the Wilderness Program cannot be held responsible for risks and dangers that may arise as a result of my failure to provide complete and accurate medical information. I accept my obligation to inform the Wilderness Program of any subsequent changes in my circumstances that affect information provided by me in this application form.
I have a personal duty and responsibility to learn and to follow guidelines and procedures established by course facilitators and I undertake to inform them at any point during an activity should I not understand what is expected of me or should I not wish to further participate in the activity. I am aware that if at any stage I choose not to continue the activity for any reason whatsoever I may cease to participate. I give my consent to all parties associated with the program to provide or arrange for provision of medical treatment should the need arise.
Signed: _____ (applicant)
Signed: _____ (parent/guardian if under 18)
Date: _____

### Community Program

Individuals are either self-referred or referred to community courses from a variety of service providers. Applicants get to meet each other at a compulsory pre-course activity day in the week prior to each course. The activity day allows everyone to ask facilitators questions about the course and enables applicants to make choices about their readiness to attend the course. WiP make final group selections based on individual needs and their motivation towards change.

Courses run Monday – Saturday and include a suite of activities such as kayaking, abseiling, caving and bushwalking. Cost is \$100.00 per person.

### Specialist Program

Specialist courses are the model used when a partnership is formed between the Wilderness Program and another organisation to offer a course exclusively for their clients. Specialist courses are tailored to suit group commonalities, capabilities and needs and are designed collaboratively to enhance future case management.

### School Program

Students from grade nine up face challenges in the natural environment through a suite of adventure activities and tent based camping. Opportunities to address needs such as growth in self esteem, confidence, tolerance and improved communication skills are provided in a supportive small group context.

WiP School courses are brokered with individual schools and are a fun, challenging, exciting, enriching experience shared with peers in order to develop real life social skills and resilience for the future.

### Professional Development Program

The Wilderness Program provides development courses in order to add value to the many and varied organisations with whom we partner. Courses are experientially delivered to broker understanding of core practices and increase collaboration for future course design, delivery and follow-up.

The Wilderness Therapy course (WiT) is aimed at helping health professionals, community workers and program partners understand the bush/counselling wilderness therapy process. Courses include a suite of adventure activities and run residentially Monday – Friday; Cost is \$500.00 per person.

Taster Days are provided as entry level training so partners can gain a basic appreciation of the Wilderness Programs methods and affords transparency to our partners. Cost \$100.00 per person and involves a moderate level single-day activity.

### Personal Information Protection Statement

Personal information will be collected from you for the purpose of informing your application and will be used by the Department of Economic Development, Tourism and the Arts for assessing and determining the application and for other lawful Departmental purposes. Failure to provide this information may result in your application not being able to be processed or the service not being able to be provided.

Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of the Department of Economic Development, Tourism and the Arts or affiliated bodies, and other organisations authorised to collect it.

Your basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Department's Personal Information Protection Officer on (03) 6233 5785. You may be charged a fee for this service.

### Contact WiP

PO Box 943 Rosny Park, TAS 7018

18 Wentworth Street, Bellerive 7018

Ph: (03) 6233 3503 Fax: (03) 6233 2698

[wildernessprogram@development.tas.gov.au](mailto:wildernessprogram@development.tas.gov.au)

[www.wildernessprogram.tas.gov.au](http://www.wildernessprogram.tas.gov.au)

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# The Wilderness Program

*Personal growth through challenge and adventure*



Sport and Recreation Tasmania  
The Wilderness Program

