

**Application Form**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Gender:  Female  Male Date of Birth: \_\_\_\_\_  
 Date of program you have applied for: \_\_\_\_\_  
*In case of emergency, please contact:*  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_ Postcode: \_\_\_\_\_  
 Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_  
 Mobile phone: \_\_\_\_\_

**Acknowledgment of Use of Images**

I \_\_\_\_\_ (full name), hereby acknowledge that the photographs and other images described below as the "images," have been taken on behalf of the Tasmanian Government. I accept that the Tasmanian Government may deposit images in its "Communications Image Library" and 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: \_\_\_\_\_ (participant)  
 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: \_\_\_\_\_ (participant)  
 Signed: \_\_\_\_\_ (parent/guardian if under 18)  
 Date: \_\_\_\_\_

**Medical Information**

Doctor's name \_\_\_\_\_  
 Doctor's phone number: \_\_\_\_\_  
 Do you have any medical conditions requiring medication?  
 Asthma  Epilepsy  
 Heart disease  Bleeding condition  
 Diabetes  Kidney disease  
 ADHD  Depression  
 Other (please state) \_\_\_\_\_  
 \_\_\_\_\_  
 Do you have any allergies? Yes  No   
 If so, what substances or foods are you allergic to?  
 \_\_\_\_\_  
 Please list any regular or intermittent medication that you take:  
 \_\_\_\_\_  
 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? \_\_\_\_\_  
 What drugs are you allergic to? (please state): \_\_\_\_\_  
 Do you have any medical conditions not requiring medication? (eg. eating disorders?) (please describe) \_\_\_\_\_  
 \_\_\_\_\_  
 Please describe any disabilities?  
 \_\_\_\_\_  
 Describe any fears or phobias? (eg. water, heights)  
 \_\_\_\_\_  
 Have you had surgery in the last 12 months?  
 \_\_\_\_\_  
 When was your last tetanus injection?  
 Within the past:  2 years  5 years  Unsure.  
 How comfortable are you in the water?  
 Non swimmer  Moderate swimmer  Strong swimmer  
 Do you have any special dietary requirements?  
 \_\_\_\_\_  
 Boot size: \_\_\_\_\_ Jacket size: XXL XL L M S XS

**Assumption of Risk & Consent**

I \_\_\_\_\_ (full name), am aware in signing this Assumption of Risk document relating to participation in this Wilderness Program activity 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 the activity 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 have a personal duty and responsibility to learn and to follow guidelines and procedures established by my facilitators and I undertake to inform them at any point during the 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: \_\_\_\_\_ (participant)  
 Signed: \_\_\_\_\_ (parent/guardian if under 18)  
 Date: \_\_\_\_\_

## ***Community Program***

### **Activity Days**

All applicants intending to go on a community course need to attend an activity day beforehand. The activity day involves a gentle bushwalk where applicants and course facilitators get to know each other and is run a few days before each course commences. Facilitators share information about the course and answer any questions. This day helps applicants decide if they are ready to attend the course at this time. Attending the activity day does not guarantee a place on the course.

### **Community Courses**

#### **Day One**

- Travel to venue.
- Paddling on flat water in kayaks or abseiling into a cave
- Campsite and tent set up.
- Setting individual goals for the week

#### **Day Two**

- Abseiling into a cave or paddling on flat water in kayaks.
- Packing up and travelling to a new campsite.
- Preparing for the bushwalk.

#### **Day Three**

- Packing and departing on the bushwalk.
- Group taking on leadership responsibility
- Walking to the first campsite.

#### **Day Four**

- Walking to a new campsite.
- Working on individual goals

#### **Day Five**

- Final day walk and return to the vehicle.
- Final group debrief
- Closure/repacking/travel back home
- 

**Cost:** \$100.00 per person including GST

### **Follow Up Courses**

Follow-Up courses are available to those who have previously attended a community course. Each Follow-Up course varies in nature and length yet the features they all hold in common are the further opportunities they offer for personal-development.

**Cost:** \$100.00 per person including GST

## ***Specialist Program***

Specialist Courses are utilised when another service provider partners with The Wilderness Program (WiP) in order to offer a course exclusively for their client target group. This model allows individual courses to be tailored to suit group commonalities.

The WiP works collaboratively with the service provider to design courses which address the identified needs of their clients.

The participant group may include service provider staff, value adding to client/practitioner relationships and providing valuable insights to assist future case management. Specialist courses can be delivered from both a rustic residential or through remote camp setting and course duration is determined according to specific group needs and capabilities.

## ***School Program***

School courses run over a full five day week, are tent-based and include a series of outdoor adventure activities.

Students face challenges within the natural environment in order to grow in self esteem, confidence, communication ability and tolerance. Activities may include kayaking, caving, bushwalking and abseiling and require initiative and support from within the group.

WiP School courses are a fun, challenging, stretching, exciting, hard, dynamic and great experience which is shared with peers in order to develop real life social skills for the future.

## ***Professional Development Program***

The Wilderness Program (WiP), provide Professional Development courses in order to add value to the many and varied organisations with whom we partner. WiP offer two styles of professional courses, Wilderness Therapy or Taster Day in order to meet the differing needs of our partners.

All courses are offered on the basis of experiential learning, that explain program fundamentals while participants engage in the process. Professional Development courses also afford transparency to our partners and enable them to work collaboratively on course design, delivery and follow-up.

The Wilderness Therapy course is aimed at helping health professionals and community workers understand the bush counselling/wilderness therapy process.

## ***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 and Tourism for assessing and determining the application and for other lawful Departmental purposes including those purposes permitted by the *Tasmanian Development Act 1983*. 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 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 of Economic Development's Personal Information Protection Officer on (03) 6233 5727. You may be charged a fee for this service.

### **The Wilderness Program**

Sport and Recreation Tasmania

PO Box 943 Rosny Park, TAS 7018

18 Wentworth Street, Bellerive 7018

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

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

