



Spirit of Adventure.....Outward Bound (Circle one)

Application Form: Please Print very Clearly: Complete all sections.

1) PERSONAL INFORMATION AND IDENTIFICATION:

Family Name/Surname.....
 Given/First Names.....
 Name you wish to be known by..... Gender: M / F / Other (CIRCLE ONE)
 Ethnicity: European (NZ or other) Maori, Pacific Islander/Polynesian/Japanese/Indian (circle one)
 or please specify.....
 Age on 01 January 2024..... Years..... Months Date of Birth..... /...../.....
 Address:
 Suburb:.....Town/City.....Post code.....
 E-Mail address.....
 Home Phone: ()Your Mobile:.....

2) HEALTH STATUS:

Do you have a chronic or allergic medical condition/s (Yes/No) Please Declare.....

 Do you have a food allergy/intolerance regarding dietary needs (Yes/No) Please Declare.....
?
 Have you received Covid-19 vaccinations (Yes / No): Measles vaccination (Yes/No) circle one.
 Do you have a permanent or temporary mental or physical disability (Yes / No) Please declare

3) Briefly, what do you consider your best characteristic?.....
 4) What do you consider your least desirable characteristic?.....
 5) What level of personal funds can you contribute towards the cost of your chosen activity?

6) The Rotary Club of Tauranga Te Papa will contribute to your chosen course, subject to space available on your chosen dates, to a grant of up to \$1500.00. Further detail will be discussed at the selection interview.

Email completed applications to Ward Reid at: wardreid@actrix.co.nz

