



TRAINEE DETAILS

Name of Trainee: Date of Birth:
First Names Last Name Day Month Year

CODE OF CONDUCT

A 10-Day Youth Development Voyage onboard Spirit of New Zealand should be a wonderful and memorable experience for all. To ensure that every Trainee is treated equally and for safety reasons, we require the following standard of behaviour to be observed.

By signing this Code of Conduct, you are agreeing to the below and accepting that Spirit of Adventure Trust reserves the right to remove you from the ship, should any of the below standards of behaviour not be complied with, and that any costs associated or refund of sponsorship may be recovered.

I will:

- ▲ inform the Master of any medication I am taking that is not on my medical form
- ▲ not bring or use alcohol, illegal drugs or cigarettes onboard
- ▲ comply with the safety instructions given
- ▲ respect the crew and other Trainees
- ▲ not use offensive language towards crew or other Trainees
- ▲ not use threatening behaviour towards any member of crew or Trainees
- ▲ accept and appreciate the 'no violence' policy of the ship (either verbal, physical or emotional)
- ▲ not post any images or comments on any social media site that may give a negative impression of the Spirit of Adventure Trust.
This includes Spirit of New Zealand, the crew and fellow Trainees from your voyage

Trainee (signature): Date:
Day Month Year

MEDICAL CONSENT FORM

I give permission for the following people who are involved with the physical or mental health of the above named Trainee, to disclose and discuss if necessary, medical information regarding the above named Trainee to Spirit of Adventure Trust.

Please indicate which health professional you are currently seeing and/or have seen in the past:

Family Doctor / GP Specialist Psychiatrist Counselor Other *please specify below*

Please note that the information provided on the Medical Form is treated as strictly confidential and is only made known to the Operations and Finance Executive, Voyage Co-ordinator and Master of Spirit of New Zealand.

SIGNATURES

Trainee (signature): Date:
Day Month Year

Parent(s)/Guardian(s) (signature): Date:
Day Month Year

PLEASE SIGN AND GIVE A COPY OF THIS MEDICAL CONSENT FORM TO YOUR DOCTOR AND RETURN THE ORIGINAL WITH YOUR ENROLMENT FORM.



THIS MEDICAL FORM NEEDS TO BE COMPLETED AND RETURNED TO US APPROXIMATELY **EIGHT WEEKS PRIOR TO YOUR VOYAGE.**

TRAINEE DETAILS

Name of Trainee: Date of Birth:
First Names Last Name Day Month Year

Trainee Weight: kgs Trainee Height: cms

Trainee Swimming Ability (please tick relevant box): Excellent Average Poor Can't swim

MEDICAL PRACTITIONER *This form should be completed if possible, by the Trainee's Family Doctor.*

Name of Medical Practitioner/GP: Are you the regular Family Doctor? Yes / No

If No, what is your connection to the Trainee?

Spirit of Adventure Trust conducts programmes of up to 10-Days duration onboard a tall sailing ship. The ship sails throughout the year irrespective of weather, sea or other conditions. The course can be mentally and physically very demanding including, in addition to sailing, swimming (usually early morning), physical training, running and hiking.

The Trainees are at sea, often a long way from medical support systems/facilities such as hospitals etc. The ship's crew is trained to provide basic first aid. Trainees should be organically healthy and free from significant physical challenges (disabilities). Those who enjoy a reasonable standard of physical fitness and who are not overweight will find the course less demanding.

IMPORTANT: If a Trainee has been in contact with any infectious disease within 14 days prior to the voyage, the Trust MUST be notified immediately.

MEDICAL HISTORY PLEASE ANSWER ALL ITEMS AND GIVE FULL DETAILS ON THIS FORM TO ANY POSITIVE ANSWERS.

1. Has the Trainee a history of any of the following:

Yes No

- Asthma
- Ruptured eardrum
- Fainting or blackout
- Migraine
- Sight or hearing impediment
- Physical disabilities
- Hepatitis*
- Episodes of anxiety, depression or anti-social behaviour*

Yes No

- Diabetes
- HIV/AIDS*
- Any other serious illness
- Any serious operation
- Regular use of drugs or medication
- Allergies including drugs
- Limited or low mental capacity
- Any heart condition

* Please provide detailed information regarding condition or a name and phone number of a person who can.

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NOTE: Past or current medical conditions, set out above, will not necessarily preclude a Trainee from being accepted for a voyage - but in the interests of safety, we MUST be aware of all conditions.

2. (a) Has the Trainee had a TETANUS Immunisation? Yes No

Note: TETANUS immunisation MUST be completed prior to sailing.

(b) Has the Trainee had a seasonal Flu Immunisation? Yes No

Note: If your voyage is in the winter months, we recommend all Trainees to have a seasonal Flu vaccination.

3. Has the Trainee had any illness or disease that has in the past, or may in the future, result in involuntary fits or convulsions?

eg. Epilepsy Yes No

Note: Trainees irrespective of medication, are precluded unless seizure free and off medication for at least 12 months.



MEDICAL HISTORY continued...

4. Is the Trainee currently taking any medication? Yes No If Yes, please state medications below:

Note: If the Trainee is on medication, please supply enough for 12 days (to cover over the length of the voyage)

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5. (a) Could sea-sickness affect any medication being taken by the Trainee and their ability to function? Yes No

(b) If the answer is Yes, do you believe the Trainee is still suitable to take part in a 10-Day Voyage? Yes No

If Yes, please state reasons below:

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Note: If the answer to 5(a) is Yes, Spirit of Adventure Trust will assume that prolonged sea-sickness will endanger the Trainee's life and will therefore refuse this Trainee, unless good grounds are shown by the medical examiner to allow reversal of automatic procedure.

6. Is the Trainee a smoker? Yes No If Yes, how many per day?

7. Is there any other conditions/ailments not mentioned above, that we should know about? Yes No If Yes, please provide details below:

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8. Does the Trainee have any dietary requirements? Yes No If yes, please list below:

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Note: While we do our best to accommodate dietary requirements, we are limited with what we can carry onboard. If the Trainee has special dietary needs, we ask the Trainee to contact the Spirit office to discuss these.

SIGN OFF Please note that this form will not be accepted unless signed by a Medical Practitioner/GP.

Medical Practitioner/GP: (signature): Date: / /

Day Month Year

Contact Phone Number: NZMC Number: Surgery Stamp:

Please send this completed Medical Information form in when you send in your Application Form. If you have left this form with your Medical Practitioner/GP to complete, they can post, fax or email it directly to us:

Spirit of Adventure Trust
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Auckland 1140
Fax: 09-379 5620
Email: bookings@spiritofadventure.org.nz
Attn: Voyage Co-ordinator