

APPLICATION FORM

Hands on Development Study Tour Nepal

PERSONAL DETAILS

Family Name: Given Name:

Date of Birth:/...../..... Sex: M / F *(please circle)*

Postal Address:

City / Suburb: state: Postcode:.....

Ph (H): (W):.....

(M): Email:

Passport No: or Tick if applying for a passport

Are you a Student: YES NO School/Course:

Are you Employed YES NO Employer:

NEXT OF KIN - FOR EMERGENCY CONTACT

Name: Relationship:

Address: City/Suburb:

State: Post Code: Ph:

Email:

MEDICAL QUALIFICATIONS

Do you have First Aid/Medical Qualifications: YES NO *(if yes please fill out details below)*

Studies Completed:

Studies Underway:

EMPLOYMENT

Current Employer: Occupation:.....

Duties:

T-SHIRTS

Shirt Size *(please circle)*: XS S M L XL XXL

How did you hear about the Hands on Development Study Tour 2012-2013? Friend / School / Uni / TAFE / Internet / Facebook

Other:

TELL US ABOUT YOURSELF

Please use this section to tell us about yourself, and why you would like to go on this Study Tour. Tell us what you think you can contribute to the expedition, and also what you hope to gain from the experience. Include any traveling you have done, your hobbies/interests, etc.

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What are you expecting from the trip? What are your motivations for wanting to come on the trip?

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Have you traveled to a third world country before? YES NO

FITNESS SELF-EVALUATION

Please outline your fitness level below. Please note that information you give on this fitness form does not influence your selection on our tour. It merely gives us an idea of your fitness level and helps you plan what you will do to prepare for the expedition.

1. Are you involved in regular sporting or athletic activities? YES NO
Briefly outline any activities, how regularly you participate, and how long you have been involved.

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2. Have you ever been involved in hiking, bush walking, or camping activities? YES NO
Briefly outline your experiences.

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3. Involvement in an expedition of this nature requires a fair amount of physical strength and fitness. How do you intend to train or prepare physically for this upcoming challenge?

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4. How would you rate your current level of fitness?

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MEDICAL INFORMATION – THIS WILL BE KEPT CONFIDENTIAL

1. Do you suffer from asthma or any other lung disease? YES NO
2. Do you have allergic reactions (food, chemicals, bites, nuts, stings, etc.?) YES NO
3. Do you have a circulatory condition (e.g. angina) YES NO
4. Do you have diabetes (tablets, insulin or diet controlled)? Please indicate insulin requirements. YES NO
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5. Do you have joint injury (sprains, strains, dislocations) or other musculoskeletal conditions? YES NO
(i.e. arthritis)?
6. Do you have any neurological condition (such as epilepsy)? YES NO
7. Do you have any psychological or psychiatric condition: YES NO
(i.e. Personality disorder, Bipolar, ADD, depression)?
8. Do you suffer from any mood swings or specific behaviours that would be important for the expedition staff to know about so that we can support you on the expedition? YES NO
Please give details, including medication, support services and management plan.
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9. Do you wear contact lenses or require prescription glasses for normal vision? YES NO
10. Have you had surgery that would affect your participation in this trip? YES NO
11. Are you currently having medical treatment? YES NO
12. Do you suffer from vertigo? YES NO
13. Are you on any prescription drugs, including contraceptive pill and homoeopathic drugs? YES NO
Please give details including dosage and side effects?
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14. Do you have any sleep disorders (e.g. sleep apnea, walking)? YES NO
15. Do you have any digestive problems (e.g. nausea, vomiting)? YES NO
16. Do you smoke cigarettes? YES NO If yes how many?
17. Are you pregnant? YES NO
18. Do you suffer from migraines or severe/frequent headaches? YES NO
19. Do you have any special dietary requirements Eg. - vegetarian (specify - lacto; vegan, etc)? YES NO
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20. Do you have any addictions? YES NO
21. Do you have any abnormal bleeding conditions (anaemia, thalasaemia)? YES NO
22. Are there any other injuries or medical conditions that you believe our staff should be made aware of? YES NO
23. Are there any other injuries or medical conditions that you believe our staff should be made aware of? YES NO

Thank you for your interest in our Nepal Study Tour 2013
 Please fill out and email this form to steph.w@seven-women.com
 For any further questions contact Steph Woollard
 P: 0433692761