



R. TUCKER THOMPSON YOUTH DEVELOPMENT
CONFIDENCE ★ LEADERSHIP ★ TEAMWORK

YOUTH TRIP APPLICATION FORM

Trainee Details: You must be 13-18 years of age and meet our medical criteria

First Name:		Surname:	
Email:		School:	
Postal Address:			
Home Phone:		Mobile:	
D.O.B:	Age:	Gender: Male	Height: Weight:
Ethnicity: Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> European <input type="checkbox"/>			
Other <input type="checkbox"/> (please state):			

Parent/Caregiver Details

First Name:		Surname:	
Home Phone:		Mobile:	
Email:			

Please indicate below your three choices of dates in order of preference. We will endeavour to give each trainee their preferred date. However, due to the ship's limited capacity, we cannot guarantee you will get your first choice. Please note, voyages in **bold** are in school holidays.

**Advertised dates are subject to change please check the web site or email for updated voyage dates.*

VOYAGE	DATES	PORTS	CHOICE
YTH-1201	Fri 20 April 2012–Fri 20 April 2012:	Opuā–Opuā	
YTH-1202	Sun 29 Apr 2012–Sat 5 May 2012	Opuā–Marsden	
YTH-1203	<i>Tue 8 May 2012–Mon 14 May 2012* TTTC voyage</i>	<i>Marsden–Opuā</i>	
YTH-1204	Thur 17 May 2012–Wed 23 May 2012	Opuā–Opuā	
YTH-1205	Sat 26 May 2012–Fri Jun 1 2012	Opuā–Marsden	
YTH-1206	Mon 4 Jun 2012–Sun 10 Jun 2012	Marsden–Opuā	
YTH-1207	Weds 13 Jun 2012–Tue 19 Jun 2012	Opuā–Opuā	
YTH-1208	Fri 22 Jun 2012–Thur 28 2012	Opuā–Marsden	
YTH-1209	Sat 30 Jun 2012–Fri 6 July 2012	Marsden–Opuā	
YTH-1210	Mon 8 July 2012–Sat 14 July 2012	Opuā–Opuā	

<u>Office use only</u>	
Deposit amount: \$ _____	Payment type: _____ Date: _____
Balance amount: \$ _____	Payment type: _____ Date: _____
Sponsorship/grant: _____ Amount: _____	
Referral form received <input type="checkbox"/>	Acceptance sent <input type="checkbox"/> Manual sent <input type="checkbox"/> Pre Assessment received <input type="checkbox"/>
Referrer notified <input type="checkbox"/>	Post Assessment received <input type="checkbox"/>



**PERSONAL ESSAY
(TO BE COMPLETED BY APPLICANT)**

First Name:		Surname (Whanau)	
Tell about yourself (incl. sports, hobbies and interests) and your whanau or family:			
Why would you like to come on a youth development voyage?			
What do you expect will be the biggest challenge for you on this voyage?			



RELEASE FROM LIABILITY & CONSENT FORM

PAYMENT OF FEES

Please note that our arrival instructions are only issued once acceptance has been made and payment has been received in full. If funds are being sought elsewhere (e.g. Pub Charities, Lion Foundation, Service Organizations) please advise us when payment can be expected and from whom.

REFUNDS

Refunds will not be made if the berth is cancelled within three weeks of sailing. If cancellation is due to injury or illness (medical certificate required) sail trainees will be placed on another voyage. Where cancellations are made within a reasonable time, refunds will be provided less \$100 administration fee.

PERSONAL ITEMS

The R. Tucker Thompson Sail Training Trust cannot be held responsible for any damage to property or belongings taken aboard the vessel and you should arrange your own insurance of these items. **Alcohol and drugs are not permitted under any circumstances and if found will result in instant removal of the sail trainee at the nearest port. Absolutely no cell phones, I-pods, other electronic items or junk food are permitted on board. Please do not bring these or you will be asked to hand them in on arrival.**

VOYAGE SAFETY

The R. Tucker Thompson Sail Training Trust endeavours to ensure that all voyages are safe for those involved. Participation in a voyage, however, will involve both physical efforts on the part of the Sail Trainee and potentially exposure to greater than usual risk.

The Trust attempts to minimize these risks by being a responsible and professional organization with high standards of safety and discipline when on a voyage. For this reason, Trainees must agree to abide the safety and instructions given to them and be able to meet the minimum fitness and health requirements sent out by the Trust. By signing this form you, and your parents or caregivers agree:

1. To accept the risks inherent with any voyage
2. To comply with the safety standards and directions given to you while on board
3. That the Trust, its servants and agents (whether negligent or not) shall not be responsible for any injury, accident, loss, damage or expense suffered by you on the voyage

PRIVACY ACT AND MEDICAL INFORMATION

The information collected by the R. Tucker Thompson Sail Training Trust in this application is used for the purposes of assessing your suitability for the nominated voyage, for the administration of the voyage and for statistical purposes. The information will also be used to send you further information about the voyage and the Trust's activities.

It may be necessary for the Trust's staff to discuss your medical history with your doctor either before you are accepted for a voyage or subsequently. By signing this form and the form attached to the medical, you and your parents or caregivers consent to do this.

We accept the Trust may use photos of the voyage from time to time for reporting or promotional purposes

Sail Trainee Signature: **Date :**

Parent or Caregiver Signature: **Date :**



MEDICAL QUESTIONNAIRE FOR:

Can you swim?	Yes / No
Have you ever had epilepsy or any neurological disorder?	
Did you ever faint or have blackout spells?	
Do you have diabetes?	
Are you pregnant? (If yes how many months?)	
Have you ever had a major operation?	
Are you presently being treated by a doctor?	
Are you taking any regular medication?	
Do you have any blood or bleeding disorders?	
Have you any lung or bronchial disorders, asthma or respiratory problems?	
Do you have high blood pressure?	
Have you had angina, heart attack or any cardio-vascular problems?	
Do you get fatigued or short of breath easily?	
Do you suffer from any joint, musculo-skeletal or from recurrent dislocation (eg shoulder) problems?	
Do you have any back problems?	
Do you have any limiting physical handicap (including sight/hearing problems)?	
Do you have any mental disorders, mental illness or intellectual problems (treatment for mental depression must be included)?	
Do you undertake any regular exercise?	
Any dietary requirements (e.g. vegetarian)?	
Are you allergic to or have any known reactions to any foods, drugs or medications (e.g. Penicillin)?	
If you have answered yes to any of the above questions, please detail here:	
Is there anything else that we should know about, that could affect your ability to participate fully in the voyage?	

Sail Trainee Signature: **Date :**

Parent or Caregiver Signature: **Date :**



COSTS

Northland: Each participant will be required to contribute a minimum of \$840.00 for a 7-day voyage. Where there is ability to pay more, additional contributions will be treated as donations to assist through our *Mates of the Tucker* donations scheme.

The Trust through funding via grants, fund raising or donations will contribute \$840 to make up the shortfall to \$1680.00 for the total trip cost per person for Northland youth.

Other New Zealand Regions: A minimum contribution per child of **\$1000.00** will be required to participate. Please include a deposit of \$500.00 with your application form.

Please note: that subsidised trips are not provided for the following:

- Individuals who are in employment and being sponsored by their company.
- Individuals or groups from organisations already funded for such programmes.

These applicants may participate, however they will be expected to pay the full NZ\$1,680 voyage cost.

International applicants: are welcome to participate however they will be expected to pay the full \$1,500.00 voyage cost.

Payment Details:

A deposit of \$300.00 must accompany applications to secure a place. Payment can be by direct debit, credit card, cheque or cash. Where there is ability to pay more, additional contributions will be treated as donations to assist with grants through our *Mates of the Tucker* programme.

Direct Credit

Payments by direct credit are the preferred option and should be made to R. Tucker Thompson Sail Training Trust ASB Bank, Paihia, Account: **12-3102-0064244-000**

Payments by credit card

Name:													
Address:													
Credit card details	Type: Visa <input type="checkbox"/>	Mastercard <input type="checkbox"/>											
Name on card				Amount NZ\$				Expiry date:					
Signature:													

Please return your completed application form and deposit to:

R. Tucker Thompson,
P O Box 42, Opuia 0241
Fax 09 402 8431