



## Registration of Interest Form

Please return your completed form to:  
 Back-Up New Zealand, PO Box 12229, Ahuriri, Napier  
 or email to [nicola@backup.org.nz](mailto:nicola@backup.org.nz)

First Name:	Surname:
Home Ph:	Work Ph:
Mobile:	Date of Birth:
Address:	
Email:	
Occupation:	
Which ethnic group(s) do you belong to? e.g. NZ European, Maori, Pacific Islander	

Do you receive support from ACC?		
ACC Case Manager:	ACC Number:	
How did you hear about Back-Up New Zealand?		
Have you ever attended something similar to a Back-Up New Zealand course before? e.g. Outward Bound		
Why do you want to go on a Back-Up New Zealand course?		
For the benefit of Back-Up New Zealand's research, please comment on the cause and length of time since your injury:		
What activities are you interested in?		
Which course(s) would you prefer to go on? Please circle below:		
<ul style="list-style-type: none"> <li>❖ ½ Day</li> <li>❖ Full Day</li> <li>❖ Weekend</li> <li>❖ Transitional Support Activities and Skills</li> </ul>	<p><b><u>Discovery</u></b></p> <ul style="list-style-type: none"> <li>❖ Mixed Abilities (5 days) Multiple activities Summer &amp; Winter options</li> <li>❖ Spinal Injury (6 days) Multiple activities Summer &amp; Winter options</li> <li>❖ Head Injury (5 days) Multiple activities Summer &amp; Winter options</li> <li>❖ Family/Youth (3 days) Multiple activities Summer &amp; Winter options</li> </ul>	<p><b><u>Advanced</u></b></p> <ul style="list-style-type: none"> <li>❖ Scuba Diving (7 days) PADI Diving qualification</li> <li>❖ Kayak Course (2 x 3 days) Grade 2 Certification</li> <li>❖ Cycle/Camping Course (7 days) Napier - Gisborne Adventure</li> </ul>

**Signature:** \_\_\_\_\_

The above information is, to the best of my knowledge correct.  
 I undertake to inform Back-Up New Zealand of any relevant changes in my medical circumstances.