



PADI

**SEEK
ADVENTURE.
SAVE
THE OCEAN.™**

**Z DIVE
ZONE**
BAY OF ISLANDS

Diploma in Scuba Instruction – Level 5 Course Prospectus



Qualifications



PADI Open Water Scuba Instructor

What does this title mean?

- You'll teach people to dive, introducing them to the captivating underwater world, you'll teach them to blow their first bubbles and share your love for the ocean.
- You can travel to 188 countries and work as an instructor with the internationally recognised PADI brand. It opens doors to diverse career prospects, such as instructing on luxury yachts, live-aboard dive vessels, exploring tropical dive sites.



5 Specialty Instructor Ratings

- You'll also be able to teach people how to dive in different specialty areas, such as wreck diving, night diving, deep diving, nitrox and more. This makes you more employable among your peers when looking for a job.



NZ Diploma - Level 5

- This shows you are an expert in your field. Qualifies you with theoretical and technical knowledge and skills within a specific field of work or study.



Emergency First Aid Instructor

- You'll also be equipped with the knowledge to teach emergency first aid courses. Again, making you more employable and a safer more educated instructor.



What it looks like to study with Dive Zone Bay of Islands



44 weeks total study (includes 4 weeks study leave)
Monday through Thursday 9am - 4pm.
We have courses starting in February and August each year.



No prior experience needed. Our comprehensive training covers everything you require and beyond, ensuring you graduate as an exceptional instructor.



Located in Waipapa, Northland. Students who study with us experience the best of NZ, when you aren't diving there is plenty to explore, beaches, surfing, mountain biking, hiking, fishing, horse riding, live music, culture and history to explore. We have it all here!



Our Dive Sites

Embark on an exhilarating journey with us as you explore world-renowned dive sites on a weekly basis, experiencing over 100 dives throughout your course.

- **HMNZS Canterbury Wreck**

Perfectly upright, this fully intact wreck serves as an inspiring playground during your studies. Prepare to explore every corner of this magnificent ship.

- **Cavalli Islands and Bay of Islands**

These islands offer an abundance of breathtaking pinnacles and reef systems, swim-throughs, caves, teeming with schooling fish, rays, dolphins, and vibrant sponges.

- **Rainbow Warrior Wreck**

Dive into the depths of history at this captivating site, Its intriguing and controversial past only adds to the excitement of exploring this phenomenal wreck.

Where are our graduates now?



From super yachts in the Maldives, Marketing for PADI international, to working as a local instructor our graduates are successfully working in the industry.



Conor - 2019 Graduate
Works as an instructor on a super yacht, current location : Maldives



Ben - 2020 Graduate
Dive Shop Owner



Hamish - 2021 Graduate
Dive Boat Skipper for Paihia Dive and Northland Dive



Oliver - 2022 Graduate
Dive Instructor at Dive Zone Tauranga



Laura - 2022 Graduate
Dive Instructor at Dive Zone Bay of Islands



Corinna - 2022 Graduate
Dive Instructor at Dive Zone Bay of Islands



Jasmin - 2022 Graduate
Dive Instructor at Dive Paihia



Kath - 2022 Graduate
Dive Master at Dive Paihia



Samantha - Graduate works for PADI America in Marketing team after completing her first dive course with DZBOI



Nyena - 2019 Graduate
Dive Instructor in Okinawa Japan

Course Costs & Fees



How to pay for the course

Fees can go on your Student Loan

If you haven't studied at tertiary level before - you may be eligible for \$12,000 fees free - [Check your eligibility here](#).

Studylink approved - [How to apply for a student loan](#)

WINZ approved- [Allowances for training](#)

Course Costs

Our annual tuition fee is \$18,900 for the entire year of study. Studying with us offers a more cost-effective route. To become an instructor, you require over 100 dives, each potentially costing between \$200 to \$300. Without studying through our program, this accumulation of dives could exceed \$25,000 in expenses.

Accommodation & Carpooling



Many students relocating to the area for studies from out of town often opt to secure a flat for their accommodation. Alternatively, some explore homestay arrangements or consider staying at backpackers' lodges. It's important to note that accommodation isn't provided as part of the course.

Additionally, for those commuting from Kaitaia or Whangarei, carpooling is a viable option. Several students already participate in carpooling, presenting a convenient and eco-friendly way to commute to our location.

Meet your instructors

Learn with the best

DIVE
ZONE
BAY OF ISLANDS



Ben Taylor
PADI IDC Staff
Instructor & Skipper



Corinna Rihari-Allen
PADI Specialty
Scuba Instructor



Laura Stanislawek
PADI Specialty
Scuba Instructor



Rebecca Brown
PADI Open Water
Scuba Instructors



Connor Wilson
PADI Specialty
Scuba Instructor



Kelly Weeds
PADI Course Director
and Examiner



Why choose Dive Zone Bay of Islands for your course?

COMPARISON CHART

FEATURES	DIVE ZONE BOI	SOUTH ISLAND	MID NZ	AUCKLAND
Adventure Tourism safety Audited (Highest safety rating)	✓	✓	✓	✓
5* PADI IDC Centre rating (Highest PADI rating)	✓	✓	✓	✓
Wreck diving specialists 2x wreck to explore	✓	✓	✓	✓
3x away trips to experience diving elsewhere while on the course	✓	✓	✓	✓
Dives are in the Ocean (not in the lakes)	✓	✓	✓	✓
Best dive sites in NZ	✓	✓	✓	✓
Limited course numbers to offer personalized instruction	✓	✓	✓	✓
Generous gear discounts to students while they study	✓	✓	✓	✓

How to enroll for the course

To Apply for the course is easy:

1. Complete the enrollment form (attached at the end of this PDF)
2. Get medical form signed by a GP (attached at the end of this PDF)
3. Return these 2 forms to info@divezoneboi.co.nz or drop them instore
4. Apply for your Fees free and/or Studylink
5. Start your course!

Still have some questions?

If you still have questions about the course, we're here to assist you in making an informed decision.

Feel free to reach out by calling 09 407 9986 to speak with a diving expert regarding the course. We'd love to arrange a tour of our dive center, allowing you to familiarize yourself with the environment and sit down for a comprehensive discussion about the course benefits. If you're a recent school graduate, we encourage you to bring your parents along for a chat as well.

An underwater photograph showing a large, vibrant coral structure in shades of pink and purple against a clear blue background. A small fish is visible in the distance. The text 'DIVE ZONE' is overlaid in large white letters, with a small diver icon integrated into the letter 'O'. Below it, 'BAY OF ISLANDS' is written in a smaller white font.

**DIVE
ZONE**
BAY OF ISLANDS



Student ID:
Selma:

Student Enrolment Form 2024

Welcome to Academy of Diving Trust.

Please read the instructions below carefully before you complete this application form.

INSTRUCTIONS

The purpose of this enrolment form is get from you the information we need to enrol you into a qualification with Academy of Diving Trust. We also need to collect information from you which is required by the Ministry of Education, Tertiary Education Commission and other Government agencies for statistical and administrative reasons. Please fill in the form properly by:

- Completing all sections of the form.
- Printing your answers clearly in pen, or ticking the box that applies for multi-choice questions.
- Signing the form.
- Attaching to the form additional documentation that is required for Tertiary Education Commission funding purposes. A description of the required documentation is provided on page 4 of the form.

DELIVERY SITE: Dive Zone Bay of Islands

SITE ADDRESS: 5 Klinac Lane Waipapa

A QUALIFICATION				
1	Please write the name of the qualifications you wish to study in 2024:			
	New Zealand Certificate in Diving (Level 3)		NZ3886	
	Qualification Start Date:	12/02/2024	Qualification End Date:	22/12/2024
	Student Start Date:	12/02/2024	Student End Date:	09/06/2024
	Do you intend to study?	Part time <input type="checkbox"/>	Full time <input checked="" type="checkbox"/>	
	New Zealand Diploma in Diving (Level 5)		NZ3888	
	Qualification Start Date:	12/02/2024	Qualification End Date:	22/12/2024
	Student Start Date:	12/02/2024	Student End Date:	22/12/2024
	Do you intend to study?	Part time <input type="checkbox"/>	Full time <input checked="" type="checkbox"/>	
	2	Have you studied at Academy of Diving Trust before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3	Please indicate the courses you wish to study in 2024:			
	New Zealand Certificate in Diving (Level 3)	EFTS	Diploma in Professional Scuba Instruction (Level 5)	EFTS
	<input checked="" type="checkbox"/> Open Water Diver	0.1250	<input checked="" type="checkbox"/> PADI Dive Master	0.1481
	<input checked="" type="checkbox"/> First Aid Provider	0.0250	<input checked="" type="checkbox"/> First Aid Instructor	0.0889
	<input checked="" type="checkbox"/> Advanced Open Water Diver	0.1667	<input checked="" type="checkbox"/> PADI Sales Techniques Workshop	0.0741
	<input checked="" type="checkbox"/> Rescue Diver	0.0583	<input checked="" type="checkbox"/> PADI Open Water Instructor	0.3333
			<input checked="" type="checkbox"/> PADI Rescue Diver Instructor	0.0741
		<input checked="" type="checkbox"/> PADI Specialty Instructor	0.2815	

B PERSONAL DETAILS	
4	Print your full legal name: <i>Family Name</i> <div style="text-align: center;"><i>Given Name(s)</i></div>
5	Preferred first name:
6	If you have previously enrolled under another name, what was that name?
7	Preferred title: Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (Specify):
8	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <div style="display: flex; justify-content: space-around; font-size: small;"> day month year </div>
9	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse
10	If you have a National Student Index number (also known as the "NSN"), please write it here: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11	<div style="display: flex;"> <div style="width: 25%; padding-right: 10px;"> <p>Citizenship and Residency:</p> <p style="color: red; font-size: small;">You will need to supply evidence of residency status or citizenship</p> </div> <div> <p>Tick the box which best describes your citizenship:</p> <p>New Zealand Citizen <input type="checkbox"/> NZL</p> <p>Australian Citizen <input type="checkbox"/> AUS</p> <p>Other <input type="checkbox"/></p> <p>If "Other",</p> <p>Please specify your Country of Citizenship (For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.):</p> <p>Country of Citizenship: _____</p> <p>Tick the box if you have New Zealand or Australian Permanent Resident Status:</p> <p>New Zealand Resident Visa Holder <input type="checkbox"/></p> <p>Australian Permanent Resident <input type="checkbox"/></p> </div> </div>
	<p>Please also specify your fee/assistance status.:</p> <p><i>Domestic Student</i> <input type="checkbox"/> 00</p> <p><i>NZAID student</i> <input type="checkbox"/> 01</p> <p><i>International Fee-Paying Student (including people on current work visa)</i> <input type="checkbox"/> 03</p> <p><i>Student on a recognised exchange scheme</i> <input type="checkbox"/> 04</p> <p><i>Foreign research based post-graduate</i> <input type="checkbox"/> 06</p> <p><i>Visiting military personnel, diplomatic staff or family, or persons associated with Antarctic programme</i> <input type="checkbox"/> 08</p> <p><i>International on-shore PhD student</i> <input type="checkbox"/> 09</p> <p><i>International student who is ITO off-job trainee</i> <input type="checkbox"/> 12</p> <p><i>Refugee or protected person whose application for residence is being processed or a person who has made a claim to be recognised as a refugee or protected person and holds a valid temporary visa.</i> <input type="checkbox"/> 13</p>
	<p>If you are a New Zealand or Australian permanent resident, or an Australian Citizen, please specify in years and months how long you have resided in New Zealand with a residence class visa, or with Australian citizenship:</p> <p>Years: _____ Months: _____</p>

12	<p>Ethnicity: What ethnic group(s) do you belong to?</p> <p>You may tick up to three boxes which apply to you.</p>	<p>NZ European/Pakeha <input type="checkbox"/> 111</p> <p>New Zealand Māori <input type="checkbox"/> 211</p> <p>Samoan <input type="checkbox"/> 311</p> <p>Cook Island Māori <input type="checkbox"/> 321</p> <p>Tongan <input type="checkbox"/> 331</p> <p>Niue <input type="checkbox"/> 341</p> <p>Tokelauen <input type="checkbox"/> 351</p> <p>Fijian <input type="checkbox"/> 361</p> <p>Other Pacific Peoples * <input type="checkbox"/> 371</p> <p>British/Irish <input type="checkbox"/> 121</p> <p>Dutch <input type="checkbox"/> 122</p> <p>Greek <input type="checkbox"/> 123</p> <p>Polish <input type="checkbox"/> 124</p> <p>South Slav <input type="checkbox"/> 125</p> <p>Italian <input type="checkbox"/> 126</p> <p>German <input type="checkbox"/> 127</p> <p>Australian <input type="checkbox"/> 128</p> <p>Other European * <input type="checkbox"/> 129</p>	<p>Filipino <input type="checkbox"/> 411</p> <p>Cambodian <input type="checkbox"/> 412</p> <p>Vietnamese <input type="checkbox"/> 413</p> <p>Other Southeast Asian * <input type="checkbox"/> 414</p> <p>Chinese <input type="checkbox"/> 421</p> <p>Indian <input type="checkbox"/> 431</p> <p>Sri Lankan <input type="checkbox"/> 441</p> <p>Japanese <input type="checkbox"/> 442</p> <p>Korean <input type="checkbox"/> 443</p> <p>Other Asian * <input type="checkbox"/> 444</p> <p>Middle Eastern <input type="checkbox"/> 511</p> <p>Latin American <input type="checkbox"/> 521</p> <p>African <input type="checkbox"/> 531</p> <p>Other * <input type="checkbox"/> 611</p> <p>Not Stated <input type="checkbox"/> 999</p>	
<p>13 Iwi:</p> <p>If you identified as New Zealand Māori in question 12, what is the name of your iwi (tribe or tribes) and rohe?</p> <p>You may enter more than one iwi. If you do not know your iwi, please enter "Don't Know".</p>		<p>Iwi:</p> <p>Rohe (iwi home area):</p> <p>Iwi:</p> <p>Rohe (iwi home area):</p> <p>Iwi:</p> <p>Rohe (iwi home area):</p>	Office Use	
14	<p>Prior activity:</p>	<p>What was your MAIN activity or occupation in New Zealand at the 1st of October preceding the start of this enrolment? You may tick only one box.</p> <p>Secondary school student <input type="checkbox"/> 01 Non-employed or beneficiary (excluding retired) <input type="checkbox"/> 02</p> <p>Wage or salary worker <input type="checkbox"/> 03 Self-employed <input type="checkbox"/> 04</p> <p>University student <input type="checkbox"/> 05 Polytechnic or Institute of Tech. student <input type="checkbox"/> 06</p> <p>House-person or retired <input type="checkbox"/> 08 Overseas (irrespective of occupation) <input type="checkbox"/> 09</p> <p>Private training establishment student <input type="checkbox"/> 11 Wānanga student <input type="checkbox"/> 12</p>		
15	<p>Disability question 1 (Support needs)</p>	<p>Are there supports that would help you while learning at this tertiary institution? Your response allows us to let you know what assistance is available.</p> <p>The information you provide is collected for statistical purposes and helps make education more accessible to all learners.</p> <p>Please select all the supports you might need.</p> <p>Access to assistive technology (eg, for reading, writing, communication) <input type="checkbox"/></p> <p>Accessible format resources for course content <input type="checkbox"/></p> <p>Mobility and transport (eg, navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan) <input type="checkbox"/></p> <p>New Zealand Sign Language Interpreter <input type="checkbox"/></p> <p>Support with reading, writing, and communicating in learning sessions, exams, and assessments <input type="checkbox"/></p> <p>Other learning or disability support <input type="checkbox"/></p> <p>No – I do not need support at this time <input type="checkbox"/></p>		
15	<p>Disability question 2 (Disability status)</p>	<p>Do you describe yourself as disabled, deaf, neurodiverse, tangata whaikaha Māori, or living with a long-term physical or mental health condition?</p> <p>The information you provide is collected for statistical purposes and to help us understand our learners.</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

C ACADEMIC INFORMATION																	
16	Secondary School:	<p>What was the name of the last secondary school you attended? State “overseas”, if applicable.</p> <p>_____.</p> <p>What was your last year at secondary school? <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>What is the highest level of achievement you hold from a secondary school? Your highest achievement may be a “traditional” award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box.</p> <p><i>No formal secondary qualifications</i> <input type="checkbox"/> 00</p> <p><i>14 or more credits at any level</i> <input type="checkbox"/> 11</p> <p><i>NCEA Level 1 or School Certificate</i> <input type="checkbox"/> 12</p> <p><i>NCEA Level 2 or 6th Form Certificate</i> <input type="checkbox"/> 13</p> <p><i>University Entrance</i> <input type="checkbox"/> 14</p> <p><i>NCEA Level 3 or Bursary or Scholarship</i> <input type="checkbox"/> 15</p> <p><i>Overseas qualification (includes International Baccalaureate & Cambridge Exams) *</i> <input type="checkbox"/> 09</p> <p><i>Other *</i> <input type="checkbox"/> 98</p> <p><i>Not known</i> <input type="checkbox"/> 99</p> <p>Please specify if “Overseas qualification” or “Other”.</p> <p>_____</p>															
17	Tertiary Study:	<p>Will this be the first year you have ever enrolled in a University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wananga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If you answered “No”, please enter the name of the institution you studied at and the year of your first enrolment:</p> <p>Name: _____ Year: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>If you have completed one or more tertiary qualifications enter the name of the highest level qualification.</p> <p>Name _____ Level (if known) _____</p>															
18	Prior Achievement:	<p>Please list all of the tertiary qualifications you hold, the month and year you completed each and the tertiary education organisation that it was completed at. Alternatively attach your academic transcript from the tertiary education organisation and/or a copy of your NZQA record of achievement.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Tertiary education organisation</th> <th style="width: 33%;">Qualification</th> <th style="width: 33%;">Month and year of completion</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Tertiary education organisation	Qualification	Month and year of completion												
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D DOCUMENTATION																			
19	<p>To be treated as a domestic student, and so be entitled to the Government tuition subsidy, you must be:</p> <ul style="list-style-type: none"> • a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) or • a permanent resident of New Zealand or • a citizen or permanent resident of Australia residing in New Zealand or • a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship). <p>You must provide evidence of citizenship and/or permanent residency to qualify as a domestic student, and so be entitled to the Government tuition subsidy. This means you must provide one of the following:</p> <ul style="list-style-type: none"> ▪ Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue. ▪ New Zealand passport. ▪ Australian passport ▪ A statement of Whakapapa, including date of birth, countersigned by a kaumatua. ▪ Certificate of citizenship or letter of confirmation. ▪ Proof of New Zealand or Australian Permanent Residency. <p>You can bring the original documentation to the Facility Manager, alternatively please provide a certified copy. This means a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public Trust, or local authority employee designated for this purpose. When a learner is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable.</p> <p>Please note that your name, date of birth and residency as entered on this enrolment form will be included in the National Student Index, if not already registered, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see http://nsi.education.govt.nz/home.aspx.</p>																		
20	<p>Please list here all documents that you have attached to this enrolment form. Documents should be securely stapled to the back of the form.</p>																		
E CONTACT DETAILS																			
21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; vertical-align: top;">Address and contact details:</td> <td style="width: 40%;"><i>Permanent Address:</i></td> <td style="width: 40%;"><i>Term Time Address: (if different from permanent address)</i></td> </tr> <tr> <td></td> <td><i>Post Code:</i></td> <td><i>Post Code:</i></td> </tr> <tr> <td></td> <td><i>Phone:</i> ()</td> <td><i>Mobile:</i></td> </tr> <tr> <td></td> <td><i>Fax:</i> ()</td> <td><i>Email:</i></td> </tr> <tr> <td colspan="3"> <p><i>What is your postal address?</i> <i>Permanent Address</i> <input type="checkbox"/> <i>Term Time Address</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> If you ticked "Other" please write your postal address below.</p> </td> </tr> <tr> <td></td> <td colspan="2"><i>Post Code:</i></td> </tr> </table>	Address and contact details:	<i>Permanent Address:</i>	<i>Term Time Address: (if different from permanent address)</i>		<i>Post Code:</i>	<i>Post Code:</i>		<i>Phone:</i> ()	<i>Mobile:</i>		<i>Fax:</i> ()	<i>Email:</i>	<p><i>What is your postal address?</i> <i>Permanent Address</i> <input type="checkbox"/> <i>Term Time Address</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> If you ticked "Other" please write your postal address below.</p>				<i>Post Code:</i>	
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	<i>Post Code:</i>																		

22	Next of Kin:	<i>Name:</i>	<i>Relationship:</i>
	Next of Kin Address and contact details:	<i>Address:</i> <i>Post Code:</i>	<i>Phone:</i> <i>Mobile:</i> <i>Fax:</i> <i>Email:</i>
F ENTRY PROFILE			
<p>Academy of Diving Trust wishes to provide relevant and effective training. We collect information from students to help us do this. At the time of enrolment we collect information about what you were doing prior to enrolment. This is your “entry profile”. Later we will collect feedback from you on what you think of our organisation and your experience of studying with us and, after you have finished your studies, we will collect information on your employment and further training.</p> <p>It would be appreciated if you could complete the questions below to provide us with entry profile data. The data is treated confidentially and we do not contact any organisations named by you.</p>			
23	Education and Training	<i>What is the most recent study you have done since leaving school?</i>	
		<i>Name of Qualification:</i> _____ <i>Where did you study the qualification:</i> _____ <i>Did you complete this qualification:</i> <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Did you study part time or full time:</i> <i>Part time</i> <input type="checkbox"/> <i>Full time</i> <input type="checkbox"/>	
24	Employment	<i>What is the most recent employment?</i>	
		<i>Position:</i> _____ <i>Employer:</i> _____ <i>Did you work part time or full time:</i> <i>Part time</i> <input type="checkbox"/> <i>Full time</i> <input type="checkbox"/>	

USE OF INFORMATION AND PRIVACY STATEMENT

Academy of Diving Trust collects and stores information from this form to:

- Manage the business of Academy of Diving Trust (including internal reporting, administrative processes and selection of scholarship and prize winners).
- Comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of official records and accountability for public funding.
- Supply information to government agencies and other organisations as set out below.

Academy of Diving Trust may add your personal details (name, date of birth, gender and residency) to the National Student Index, which is managed by the Ministry of Education.

Supply of information to government agencies and other organisations

Academy of Diving Trust supplies data collected on your enrolment to government agencies, including:

- The Ministry of Education
- The New Zealand Qualifications Authority
- The Tertiary Education Commission
- The Ministry of Social Development (Studylink): in relation to student loans and allowances
- Immigration New Zealand (a branch of the Ministry of Business, Innovation and Employment): for those who are not New Zealand citizens or permanent residents.

Data storage – data collected from tertiary education organisations is now stored in the Cloud. Student enrolment and course and qualification completion data is stored in a Microsoft datastore based in Sydney, Australia.

Those agencies use the data supplied by tertiary education organisations to:

- Administer the tertiary education system, including allocating funding
- Develop policy advice for government
- Conduct statistical analysis and research.

The Ministry of Education may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

When required by law, Academy of Diving Trust releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, Ministry of Business, Innovation and Employment, Worksafe and the Accident Compensation Corporation (ACC).

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

In signing this enrolment form you authorise such disclosure on the understanding that Academy of Diving Trust will observe the conditions governing the release of information, as set out in the Privacy Act 2020, the Education Act 1989 and other relevant legislation.

In signing this enrolment form you authorise the Academy of Diving Trust to contact your next of kin should it be required for health and safety reasons.

You may request to see any information held about you and request that any errors in that information be amended or noted. To do so, contact the Facility Manager.

DECLARATION

Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. Academy of Diving Trust's policy on withdrawal and refund of fees may be obtained from the Facility Manager.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of Academy of Diving Trust with regard to attendance, academic integrity and progress, conduct, standard of dress, health and safety, and behaviour.

Offer and Acceptance – By signing this enrolment form, the delivery site of Academy of Diving Trust is offering you a placement in the qualification and courses as specified on page one of this enrolment form for the teaching period (as specified on page one of this form). By signing this enrolment form you are accepting this offer of enrolment and consenting to abide by the conditions (including fees) as set out in the Course Disclosure and Enrolment Pack.

Declaration – *I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.*

Student Name

Programme of Study: New Zealand Certificate in Diving (Level 3)

Student Signature

_____/_____/_____
Date

Programme of Study: Diploma in Professional Scuba Instruction (Level 5)

Student Signature

_____/_____/_____
Date

I certify that the above-named student is approved and (pre)-enrolled in this qualification

Name:

Position:

Signed:

Date:

To ensure the student's entitlement to the Government tuition subsidy, please list here all documents in support of domestic student enrolment.

New Zealand Birth Certificate

New Zealand Passport

Verified NSI

MSD/Studylink Confirmation

Certificate of Citizenship

Passport with a current NZ returning residency visa – Country (Issuer of Passport) _____

*Passport & letter or e-mail confirming current NZ returning residency visa (label less visa)
– Country (Issuer of Passport) _____*

Australian Birth Certificate

Australian Passport

Passport with a current Australian resident return visa – Country (Issuer of Passport) _____

Secondary School Exemption (under 16 years)

Documentation sighted _____ /_____/_____



Diver Medical | Participant Questionnaire

Recreational scuba diving and freediving requires good physical and mental health. There are a few medical conditions which can be hazardous while diving, listed below. Those who have, or are predisposed to, any of these conditions, should be evaluated by a physician. This Diver Medical Participant Questionnaire provides a basis to determine if you should seek out that evaluation. If you have any concerns about your diving fitness not represented on this form, consult with your physician before diving. If you are feeling ill, avoid diving. If you think you may have a contagious disease, protect yourself and others by not participating in dive training and/or dive activities. References to "diving" on this form encompass both recreational scuba diving and freediving. This form is principally designed as an initial medical screen for new divers, but is also appropriate for divers taking continuing education. For your safety, and that of others who may dive with you, answer all questions honestly.

Directions

Complete this questionnaire as a prerequisite to a recreational scuba diving or freediving course.

Note to women: If you are pregnant, or attempting to become pregnant, *do not dive*.

1	I have had problems with my lungs, breathing, heart and/or blood affecting my normal physical or mental performance.	Yes <input type="checkbox"/> Go to box A	No <input type="checkbox"/>
2	I am over 45 years of age.	Yes <input type="checkbox"/> Go to box B	No <input type="checkbox"/>
3	I struggle to perform moderate exercise (for example, walk 1.6 kilometer/one mile in 14 minutes or swim 200 meters/yards without resting), OR I have been unable to participate in a normal physical activity due to fitness or health reasons within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
4	I have had problems with my eyes, ears, or nasal passages/sinuses.	Yes <input type="checkbox"/> Go to box C	No <input type="checkbox"/>
5	I have had surgery within the last 12 months, OR I have ongoing problems related to past surgery.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
6	I have lost consciousness, had migraine headaches, seizures, stroke, significant head injury, or suffer from persistent neurologic injury or disease.	Yes <input type="checkbox"/> Go to box D	No <input type="checkbox"/>
7	I am currently undergoing treatment (or have required treatment within the last five years) for psychological problems, personality disorder, panic attacks, or an addiction to drugs or alcohol; or, I have been diagnosed with a learning or developmental disability.	Yes <input type="checkbox"/> Go to box E	No <input type="checkbox"/>
8	I have had back problems, hernia, ulcers, or diabetes.	Yes <input type="checkbox"/> Go to box F	No <input type="checkbox"/>
9	I have had stomach or intestine problems, including recent diarrhea.	Yes <input type="checkbox"/> Go to box G	No <input type="checkbox"/>
10	I am taking prescription medications (with the exception of birth control or or anti-malarial drugs other than mefloquine (Lariam)).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Participant Signature

If you answered **NO** to all 10 questions above, a medical evaluation is not required. Please read and agree to the participant statement below by signing and dating it.

Participant Statement: I have answered all questions honestly, and understand that I accept responsibility for any consequences resulting from any questions I may have answered inaccurately or for my failure to disclose any existing or past health conditions.

Participant Signature (or, if a minor, participant's parent/guardian signature required.)

Date (dd/mm/yyyy)

Participant Name (Print)

Birthdate (dd/mm/yyyy)

Instructor Name (Print)

Facility Name (Print)

* If you answered **YES** to questions 3, 5 or 10 above **OR** to any of the questions on page 2, please read and agree to the statement above by signing and dating it **AND take all three pages of this form (Participant Questionnaire and the Physician's Evaluation Form) to your physician** for a medical evaluation. Participation in a diving course requires your physician's approval.

Diver Medical | Participant Questionnaire Continued

BOX A – I HAVE/HAVE HAD:		
Chest surgery, heart surgery, heart valve surgery, an implantable medical device (eg, stent, pacemaker, neurostimulator), pneumothorax, and/or chronic lung disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Asthma, wheezing, severe allergies, hay fever or congested airways within the last 12 months that limits my physical activity/exercise.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
A problem or illness involving my heart such as: angina, chest pain on exertion, heart failure, immersion pulmonary edema, heart attack or stroke, OR am taking medication for any heart condition.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent bronchitis and currently coughing within the past 12 months, OR have been diagnosed with emphysema.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Symptoms affecting my lungs, breathing, heart and/or blood in the last 30 days that impair my physical or mental performance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX B – I AM OVER 45 YEARS OF AGE AND:		
I currently smoke or inhale nicotine by other means.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have a high cholesterol level.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have high blood pressure.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
I have had a close blood relative die suddenly or of cardiac disease or stroke before the age of 50, OR have a family history of heart disease before age 50 (including abnormal heart rhythms, coronary artery disease or cardiomyopathy).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX C – I HAVE/HAVE HAD:		
Sinus surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Ear disease or ear surgery, hearing loss, or problems with balance.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurrent sinusitis within the past 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Eye surgery within the past 3 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX D – I HAVE/HAVE HAD:		
Head injury with loss of consciousness within the past 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Persistent neurologic injury or disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Recurring migraine headaches within the past 12 months, or take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Blackouts or fainting (full/partial loss of consciousness) within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Epilepsy, seizures, or convulsions, OR take medications to prevent them.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX E – I HAVE/HAVE HAD:		
Behavioral health, mental or psychological problems requiring medical/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Major depression, suicidal ideation, panic attacks, uncontrolled bipolar disorder requiring medication/psychiatric treatment.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Been diagnosed with a mental health condition or a learning/developmental disorder that requires ongoing care or special accommodation.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An addiction to drugs or alcohol requiring treatment within the last 5 years.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX F – I HAVE/HAVE HAD:		
Recurrent back problems in the last 6 months that limit my everyday activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Back or spinal surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Diabetes, either drug or diet controlled, OR gestational diabetes within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
An uncorrected hernia that limits my physical abilities.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated ulcers, problem wounds, or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
BOX G – I HAVE HAD:		
Ostomy surgery and do not have medical clearance to swim or engage in physical activity.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Dehydration requiring medical intervention within the last 7 days.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or untreated stomach or intestinal ulcers or ulcer surgery within the last 6 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Frequent heartburn, regurgitation, or gastroesophageal reflux disease (GERD).	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Active or uncontrolled ulcerative colitis or Crohn's disease.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>
Bariatric surgery within the last 12 months.	Yes <input type="checkbox"/> *	No <input type="checkbox"/>

Diver Medical | Medical Examiner's Evaluation Form

Participant Name

Birthdate

(Print)

Date (dd/mm/yyyy)

The above-named person requests your opinion of his/her medical suitability to participate in recreational scuba diving or freediving training or activity. Please visit uhms.org for medical guidance on medical conditions as they relate to diving. Review the areas relevant to your patient as part of your evaluation.

Evaluation Result

Approved – I find no conditions that I consider incompatible with recreational scuba diving or freediving.

Not approved – I find conditions that I consider incompatible with recreational scuba diving or freediving.

Signature of certified medical doctor or other legally certified medical provider

Date (dd/mm/yyyy)

Medical Examiner's Name

(Print)

Clinical Degrees/Credentials

Clinic/Hospital

Address

Phone

Email

Physician/Clinic Stamp (optional)

Created by the [Diver Medical Screen Committee](#) in association with the following bodies:

The Undersea & Hyperbaric Medical Society

DAN (US)

DAN Europe

Hyperbaric Medicine Division, University of California, San Diego