



**R. TUCKER THOMPSON YOUTH DEVELOPMENT**  
*Confidence ★ Leadership ★ Teamwork*

**VOYAGE REGISTRATION OF INTEREST**

|   |                                       |   |
|---|---------------------------------------|---|
| First Name  |                                       |   |
| Surname /Whanau   |                                       |   |
| School:   |                                       |   |
| Town:   | Age:                                  | Sex:  |
| Parent or caregiver contact name:                         |                                       |   |
| Home phone:   | Caregiver Mobile:                     |   |
| Caregiver email   |                                       |   |
| Why would you like to come on a youth development voyage? |                                       |   |
|   |                                       |   |
| Parent or Teacher's comments if any                       |                                       |   |
|   |                                       |   |
| Do you require?   | Full funding <input type="checkbox"/> | Partial funding? <input type="checkbox"/> Minimal Funds? <input type="checkbox"/> |

**You must be 13-18 years of age and meet our medical criteria**  
*\*Voyage selection preferences will be given to those who have existing funding*

Office use only: L  V  R

***Voyage dates and costs are on the back of this form.***



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## COSTS

**Northland:** For resident Northland students, a contribution per child of **\$945** will be required to participate on the 7-day voyage (the actual cost is \$1,800 per child with the Trust subsidising the balance for place – extra contributions will be treated as donations).

**Other New Zealand Regions:** A minimum contribution per child of **\$1,225** will be required to participate.

**Please NOTE that sponsored placements and competitions are for New Zealand, Northland residents only**

## VOYAGE DATES

If you have funding (\$885) available for a voyage, please indicate which voyage you wish to be considered for. Students who are seeking funding assistance will be notified voyage dates as and when funding is available but are welcome to indicate a preference.

| Voyage          | Dates                           | Ports                 | Choice |
|-----------------|---------------------------------|-----------------------|--------|
| YTH-1707        | Mon 19 June-Sun 25 June         | Opuā - Opuā           |        |
| YTH-1708        | Thurs 29 June-Wed 5 July        | Opuā - Opuā           |        |
| <b>YTH-1709</b> | <b>Sat 8 July-Fri 14 July</b>   | <b>Opuā - Marsden</b> |        |
| <b>YTH-1710</b> | <b>Sun 16 July-Sat 22 July</b>  | <b>Marsden - Opuā</b> |        |
| YTH-1711        | Tue 5 Sept- Mon 11 Sept         | Opuā - Opuā           |        |
| YTH-1712        | Thurs 14 Sept - Wed 20 Sept     | Opuā - Opuā           |        |
| YTH-1713        | Sat 23 Sept - Fri 29 Sept       | Opuā - Opuā           |        |
| <b>YTH-1714</b> | <b>Mon 2 Oct - Sun 8 Oct</b>    | <b>Opuā - Opuā</b>    |        |
| <b>YTH-1715</b> | <b>Tues 10 Oct - Mon 16 Oct</b> | <b>Opuā - Marsden</b> |        |
| YTH-1716        | Wed 18 Oct – Tues 24 Oct        | Marsden - Opuā        |        |

**\*Please note school holiday voyages are in bold**

Please complete this form and send to us to be registered for consideration for a future voyage dates and details.



[youth@tucker.co.nz](mailto:youth@tucker.co.nz)



R.Tucker Thompson Sail Training Trust  
P.O Box 42, Opuā, 0241, Bay of Islands



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**PERSONAL DETAILS FOR:** .....

*You must be 13-18 years of age and meet our medical criteria*

|   |      |             |         |         |
|---|------|-------------|---------|---------|
| Your mobile:  |      | Your email: |         |         |
| Postal Address:   |      |             |         |         |
|   |      |             |         |         |
| Home Phone:   |      |             |         |         |
| D.O.B:  | Age: | Gender:     | Height: | Weight: |
| Ethnicity: Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> NZ European <input type="checkbox"/><br>Other <input type="checkbox"/> (please state ): <a href="#">Click here to enter text.</a> |      |             |         |         |
| Tell about yourself (what you like doing) and your whanau or family:  |      |             |         |         |
|   |      |             |         |         |
| What do you expect will be the biggest challenge for you on this voyage?  |      |             |         |         |
|   |      |             |         |         |

Office use only:

**Voyage Allocation**

| Voyage | Dates | Departure | Return |
|--------|-------|-----------|--------|
|        |       |           |        |
|        |       |           |        |



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**MEDICAL DETAILS FOR** .....

Yes / No

|   |  |
|---|--|
| Can you swim?   |  |
| 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 :** .....



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**CONSENT & RELEASE FORM FOR :** .....

**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, money or food are permitted on board. Please do not bring these or you will be asked to hand them in on arrival. Anything found once the voyage has departed WILL be destroyed.

**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

Any trainee found misusing any substance that causes altered behaviour will be sent home at the soonest opportunity. No exceptions.

**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 :** .....



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**TRAINEE CODE OF CONDUCT FOR:** .....

**YOUR RIGHTS**

As a sail trainee you have rights:

**You have a right to be treated with respect**

All sail trainees have a right to be treated with respect by all the crew. If you are not happy, discuss your concerns with the Skipper. If he or she is the cause of your problem, then please discuss your concerns with the shore based crew on your return.

**You have a right to be listened to:**

If you have concerns, you have a right to raise those concerns and be listened to by the crew or the Skipper.

**You have a right to feel safe**

Our primary concern is safety. The voyage is however designed to challenge you to step outside your comfort zone. If you feel unsafe, please discuss these concerns with the Skipper and tell them why you feel unsafe and what you would like us to change.

**You have a right to complain**

If you feel these rights have been broken, you have a right to raise these issues with the Trust’s management in writing.

**OUR RIGHTS**

**To operate the vessel under a chain of command**

On board a ship, there is always a chain of command. This starts with the ship’s master, extended to the crew and down to Sail Trainees. We have a right to expect sail trainees to obey reasonable instructions. This is for the safety of everyone on board, including the sail trainees. Discipline is essential so in the event of adverse situations, everyone knows what to do to keep themselves and the ship safe.

**To be treated with respect**

Crew members want you to have a safe and happy experience, one that challenges you but where you feel rewarded. We expect that sail trainees will treat both the crew and the ship with respect.

We want your experience on the R Tucker Thompson to be life changing and memorable and to ensure every trainee is treated equally and for safety reasons we require the following standards to be observed.

By signing this Code of Conduct you are agreeing to the standards below and accepting that the R Tucker Thompson Sailing Trust reserves the right to remove you from the ship should you not comply with any of these standards. I will:

- **Not bring my mobile phone on board the ship.**
- Inform the Captain or Crew of any medication I am taking that is not on my medical form and will give any medication I am taking on board the ship to the crew to keep safe.
- Not bring, use or abuse alcohol, illegal drugs or cigarettes onboard.
- Comply with the safety instructions given to me
- Respect the crew and all trainees.
- Not use offensive language towards the 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 swap bunks during the voyage.
- Not bring any gang patches, insignia or use gang related behaviours whilst on board.

**Sail Trainee Signature:** ..... **Date :**.....



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**PAYMENT FOR:** .....

Payment must be received prior to the voyage departure.

Please select amount owing:

|  |                          |  |
|--|--------------------------|--|
| Northland family student rate              | <input type="checkbox"/> | \$945  |
| Full cost (business/sponsorship/overseas)  | <input type="checkbox"/> | \$1800                                       |
| New Zealand (non Northland) student        | <input type="checkbox"/> | \$1225                                       |
| Subsidised place (enter amount) to be paid | <input type="checkbox"/> | \$ <a href="#">Click here to enter text.</a> |
| Donation/Koha                              | <input type="checkbox"/> | \$ <a href="#">Click here to enter text.</a> |
| Enter total amount due                     |                          | \$ <a href="#">Click here to enter text.</a> |

**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 <b>NZ\$</b> |  |  |  | Expiry date: |  |  |  |  |
| Signature:          |   |  |  |                    |  |  |  |              |  |  |  |  |

If you wish to set up a payment plan with the Trust to pay off in instalments of \$20 per fortnight or some other amount, please contact [youth@tucker.co.nz](mailto:youth@tucker.co.nz).

Please return your completed application form and deposit to:

R. Tucker Thompson, P O Box 42, Opua 0241  
[youth@tucker.co.nz](mailto:youth@tucker.co.nz)

|   |  |   |   |
|---|--|---|---|
| <u>Office use only</u>                                |  |   |   |
| Sponsorship/grant: _____                              |  | Amount: _____                                   |   |
| Payment type: _____                                   |  | Date: _____                                     |   |
| Referral form received <input type="checkbox"/>       | Joining letter sent <input type="checkbox"/> | Code of Conduct signed <input type="checkbox"/> |   |
| Pre-assessment Form received <input type="checkbox"/> |  |   | Post Assessment received <input type="checkbox"/> |