



NORTH ISLAND
COLLEGE

Adventure Tourism Programs Application Package

COASTAL ADVENTURE TOURISM (CAT) CERTIFICATE & ADVENTURE TOURISM (AT) DIPLOMA

1. **Download or print these application pages**, or contact any campus of North Island College or questions@nic.bc.ca to request the NIC “Application for Admission” form and a print copy of the Adventure Tourism Programs Application Package.
2. **Complete and send in the following:**
 - North Island College “Application for Admission” Form** – *can also apply online at www.nic.bc.ca*
 - \$25 Application Fee** – *can be paid online, in person, by mail, or with a credit card over the phone*
 - Official High School, College or University transcripts showing highest level of Math and English training**
 - Resume outlining work and educational background
 - Applicant Questionnaire Form – *attached*
 - Outdoor Experience Summary Form – *attached*
 - Medical History Form – *attached*
 - Physician Physical Examination Form – *attached*
3. Once the College determines that you meet the admission requirements **and** receives all of the above documents, you will be contacted for an interview (by phone or in person). This interview is for assessing your suitability and commitment to the program and to answer specific questions you may have – ensuring “goodness of fit”.

If you meet the admission requirements, you will be offered a spot in the Program on a first come, first qualified, first served basis.
4. Once offered a seat in the program a non-refundable \$800 deposit is required to hold your seat. If the deposit is not received by the stated deposit deadline you risk forfeiting your seat.

North Island College ADVENTURE TOURISM PROGRAMS

Thanks for your interest in this exciting program!

Before applying, please make sure that you have reviewed and are familiar and comfortable with the program and course descriptions, and admission requirements contained in our on-line or print NIC Calendar and program pages. If you do not have access to the internet, this information can be mailed to you.

Safe Learning

The Adventure Tourism programs are committed to creating and maintaining a safe learning environment. What's that? It means that as a group we conduct ourselves on field trips and in the classroom in a way that makes the learning process physically and emotionally safe for all. We each come from different walks of life with different values, viewpoints, and experience levels that all deserve respect. This is an intensive program which mimics much of what you'll experience working as a professional guide. During field trips, you live and learn 24/7 with your classmates – this is not designed as a therapeutic program in which to quit smoking, move beyond an addiction, or deal with significant emotional issues/stressors that may negatively interfere with your own or classmates' learning experience.

How do we best create safe learning for what is always a diverse group of people? Practically, it means:

- having fun together while refraining from *offensive* language, jokes, or sexual/gender stereotyping which can be barriers to learning;
- respecting students' right to ask questions;
- giving feedback in a timely and appropriate manner;
- acting in a physically safe and responsible manner during all practical components and during field trips where evacuation to medical facilities may be difficult;
- maintaining personal hygiene and health while sharing equipment, kitchen facilities, accommodation, or classroom space with classmates and/or instructors;
- not using any non-prescription drugs or alcohol during any classroom or field component of the course – use is prohibited and will likely result in removal from the program.

Where?

- CAT Certificate is based out of our Vigar Road Campus at the North end of Campbell River
- AT Diploma academic terms based out of our Campbell River Regional Campus on Dogwood St.

When?

CAT Start: Second full week of January

CAT Finish: Last week of May

AT Start Dates: September or January

Admission Process

Apply immediately if you are enticed by the program, agree with our safe learning approach, and can satisfy all admission requirements. Program seats are offered in the order that complete and eligible applications are received. *Please note that an application to the College is not considered as acceptance or registration in the program.*

Submit your AT application to:

Admissions/Registration Office
North Island College
1685 South Dogwood Street
Campbell River, BC
V9W 8C1
Ph: (250) 923-9700 or 1-800-715-0914
Fax: (250) 923-9791
Email: admissions@nic.bc.ca

Financial Aid is available for this program through student loans. Interested students should contact the Financial Aid Office at our Campbell River Regional Campus – (250) 923-9755

Funding Sponsorship may be available. In the past, funding sources that have supported students include Human Resources and Social Development Canada, industry re-training agencies, First Nations Councils & other agencies. This type of assistance is the applicant's responsibility to find, arrange, and maintain.

Industry recognized certificates are earned throughout the program. However, students must attend and pass all components of the program to successfully graduate with the Coastal Adventure Tourism Certificate or Adventure Tourism Diploma. This full participation is always a condition of financial aid or sponsor funding.

North Island College ADVENTURE TOURISM PROGRAMS

Applicant Name: _____

The Adventure Tourism Programs at North Island College involve demanding guide training activities. We are seeking individuals who have a strong desire to teach and guide in the outdoors and who have a strong commitment to developing the interpersonal skills required of good leaders. Please take some time to think about and answer the following questions. **Use additional sheets if necessary, or type these answers in your own format.**

1. Please describe a specific situation in which you were called upon to show leadership. How did you respond?

2. Please describe a specific interpersonal conflict you have experienced. How did you react or resolve it?

3. Why do you want to pursue guiding as a career?

Outdoor Experience Summary

North Island College ADVENTURE TOURISM PROGRAMS

Name: _____

****feel free to use this form or create your own layout that describes the same type of information**

Activity	Location	Approx. Dates	Type of Craft
<u>PADDLING</u> Ocean kayaking WW kayaking Canoeing	e.g. Clayoquot Sound - around Vargas Isl.	5 days, June 07	Kayak
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
10.			
<u>SAILING</u> Keelboat Dinghy	e.g. Daysailing in southern Georgia Strait	4 days, May '08	Catalina '34
	1.		
	2.		
	3.		
	4.		
	5.		
6.			
<u>SPORTFISHING</u> Ocean Freshwater	e.g. Family fishing in Desolation Sound	Multiple day trips, summers '97-'05	18' open aluminum
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
7.			

<u>POWERBOAT OPERATIONS</u>		e.g. Queen Charlotte Strait	March – June '02	Herring skiff
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
<u>OTHER RELEVANT EXPERIENCE</u> Hiking Camping Rafting Diving Etc.		e.g. Strathcona Park	Each summer for 3-5 days since '04	Backpacking
	1.			
	2.			
	3.			
	4.			
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	24.			
	25.			
	26.			

North Island College ADVENTURE TOURISM PROGRAMS

**Applicant Self-Disclosure of Medical History and Information to
Review with your Physician before sending to NIC**

Name: _____ Height: _____ Weight: _____

Day Phone: _____ Work Phone: _____ Gender: _____ Age: _____ Birthdate: _____

Physician: _____ Physician's ph. #: _____ Health Care Card #: _____

Emergency Contact: _____ Relation to you: _____ Phone #: _____

Program Information

The NIC Adventure Tourism Programs include field activities designed to train individuals for entry-level guiding positions in the coastal marine environment around Vancouver Island, BC (i.e., sea kayaking, sailing, canoeing, sportfishing).

The Programs involve significant experience learning technical skills for the above activities in remote areas where evacuation to medical facilities may be difficult and involve delays. Weather conditions can be extreme ranging from prolonged cold, wet conditions to intense sunlight. Sudden immersion in cold ocean water and/or high seas is possible.

Depending on the specific activity, the applicant will be paddling heavily loaded sea kayaks or canoes, travelling on foot over uneven terrain, carrying heavy loads, travelling in open powerboats at high speeds or in sailboats up to 36' in length in high seas. While participating in our program, this student will sleep outdoors, experience long days of physical exertion in an often cold and damp environment, and will prepare meals and set up camp with their classmates. Each student is expected to take good care of him or herself and their peers.

These programs are not appropriate for individuals with alcohol or drug addictions or with serious emotional, behavioural or psychological challenges.

Prior physical conditioning is recommended and a positive mental attitude is a necessity.

To the physician: In the interest of the personal safety of both the applicant and the other Program participants, please consider the above description carefully when reviewing or completing the Medical History Form. A "Yes" answer does not automatically cancel a student's enrolment. If we have any questions about the student's capacity to successfully complete the course we will call their physician with the student's permission. The physician completing this form may not be a relative of the applicant.

This form must be submitted before the student can be formally accepted into an adventure tourism program and must be accompanied by the completed Physician Physical Examination Form.

To the applicant: please circle Yes or No for each item. Each question must be answered.

GENERAL MEDICAL HISTORY

Do you currently have or have you had a history of:

- | | | |
|---|--------|----|
| 1. Respiratory problems? (e.g., asthma) | 1. Yes | No |
| 2. Gastrointestinal conditions? (e.g., heartburn) | 2. Yes | No |
| 3. Diabetes? | 3. Yes | No |

Specific comments:

- | | | |
|--------------------------------------|--------|----|
| 4. Hypertension? | 4. Yes | No |
| 5. Bleeding or blood disorders? | 5. Yes | No |
| 6. Hepatitis or other liver disease? | 6. Yes | No |

Specific comments:

- | | | |
|--|--------|----|
| 7. Neurological problems? (e.g., seizure disorder) | 7. Yes | No |
| 8. Dizziness or fainting episodes? | 8. Yes | No |
| 9. Cardiac problems? | 9. Yes | No |

Specific comments:

- | | | |
|--|---------|----|
| 10. Disorders of the urinary or reproductive tract? | 10. Yes | No |
| 11. Any other medical conditions or considerations that may affect your participation (including loss of hearing or vision)? | 11. Yes | No |

- | | | |
|---|---------|----|
| 12. Do you see a Medical or Physical specialist of any kind?
(name/address)_____ | 12. Yes | No |
|---|---------|----|
-

- | | | |
|-----------------------|---------|----|
| 13. Are you pregnant? | 13. Yes | No |
|-----------------------|---------|----|

Specific comments:

MUSCLE/SKELETAL INJURIES

Does you currently have or have you had a history of:

- 14. Knee, hip or ankle injuries and/or operations (including sprains)? 14. Yes No
- 15. Shoulder, arm or back injuries and/or operations (including sprains)? 15. Yes No
- 16. Head injury? 16. Yes No
- 17. Any other joint problems? 17. Yes No

Specific comments: (include date of last occurrence and the effect of the problem on current activity level).

PERSONAL HISTORY (COUNSELLING/PSYCHIATRIC)

- 18. Have you had treatment or counseling with a mental health professional? 18. Yes No
- 19. Are you currently in treatment or counseling? 19. Yes No
- 20. Name and address of therapist

- 21. Hospitalization within the past year? 21. Yes No
- 22. Reasons for treatment or counselling?

- suicide gesture academic/career
- substance abuse/chemical dependency family issues/divorce
- eating disorder (anorexia/bulimia) learning disability
- other _____ (please give specifics below)

Specific comments:

ALLERGIES

- 23. Any environmental allergies? _____ 25. Yes No
- 24. Is iodine contraindicated for you? 26. Yes No
- 25. Are you allergic to any foods? Do you have any dietary restrictions? 27. Yes No

- 26. Allergies to insect bites or bee stings? 28. Yes No
- Specific comments:

- 27. Date of Last Tetanus Immunization? _____

NIC Adventure Programs require current tetanus immunization within a 10 years of the June in which they will complete their CAT field training (e.g. if starting CAT in January 2009, tetanus would need to have been done no earlier than June 1999 to be current during the program).

MEDICATIONS

28. Are you allergic to any medications? _____ 28. Yes No

29. Are you currently taking any medications? Please specify dose. 29. Yes No

Medication	Dosage (amt./freq.)	Side Effects/Restrictions

Specific comments:

COLD, HEAT AND ALTITUDE

30. History of frostbite or Raynaud’s Syndrome? 30. Yes No

31. History of heat stroke or other heat related illness? 31. Yes No

Specific comments:

FITNESS

32. Do you exercise regularly? 32. Yes No

Intensity Level

Activity	Frequency	Duration/Distance	Easy	Moderate	Competitive

33. Do you smoke? If so, how much? _____ 33. Yes No

34. Are you in an appropriate weight range for your height? 34. Yes No

35. Swimming Ability (check one):
_____non-swimmer
_____recreational
_____competitive

Physician Physical Examination

North Island College ADVENTURE TOURISM PROGRAMS

To be completed by a Physician or F.N.P.

Applicant/Patient's Name: _____

Blood Pressure: _____ Pulse: _____ Cardio-respiratory exam _____

Have you reviewed the applicant's original Medical History Form (4 pp. incl. cover)? Yes _ No _

Please comment on specific areas from the Medical History Form that need elaboration.

Based on the program information provided at the start of the Medical History Form, their medical history self-disclosure and this physical examination, do you feel that this individual can participate in the NIC Adventure Tourism Program?

___ YES, I think this person can participate

___ MAYBE, if the following restrictions or concerns can be accommodated in the program

___ NO, this person should not participate at this time for the reasons below

Comments (reasons, restrictions, or concerns):

Examiner's Name: _____ Phone: _____

Address: _____

PHYSICIAN SIGNATURE: _____ DATE: _____

Please return all original pages (including the 4 page Medical Form) to:

Admissions, North Island College, 1685 South Dogwood St., Campbell River, BC, V9W 8C1

North Island College Adventure Tourism Applicant's Checklist

With your application, please remember to submit:

- ❑ **NIC Application for Admission Form**
(http://www.nic.bc.ca/PDF_docs/ApplicationForms.pdf)
- ❑ **One-time \$25 College Application fee (unless already registered as a student at NIC)**

- ❑ **Official Transcripts or Assessment showing that you meet the academic prerequisites**
- ❑ **Personal Resume describing education and work experience**

- ❑ **Applicant Questionnaire**
- ❑ **Outdoor Experience Summary**

- ❑ **Medical History Form (self-disclosure) and**
- ❑ **Physician Physical Examination Form (to be completed by a doctor)**