



COLT - Canadian Outdoor Leadership Training

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COLT Application Package 2010

Hello! Thanks for applying for the COLT program. Should you have any questions that this package does not address please do not hesitate to contact COLT Director, Jim Miller, at the COLT office 250-286-3122.

Many answers to frequently asked questions can also be found on the COLT website, colt.bc.ca. Please read Who can Apply on the COLT website for details on acceptance requirements.

To apply for the COLT Semester, please read the package carefully and then complete and sign:

1. Application Form; the Code of Conduct and Discipline
2. Dismissal and Dispute Resolution Policies
3. Medical Form
4. Waiver

Send all of these to us with your deposit. The COLT Director will review your application, and, should you be accepted, you will receive a confirmation of enrolment and receipt of deposit.

The cost for the semester is in Canadian dollars and includes:

	100-DAY	93-DAY
	Accommodation & Food	Accommodation & Food
	\$5,950	\$4,950
	Tuition	Tuition
	\$6,750	\$6,750
Total Cost, including tax	\$12,700	\$11,700

A deposit of \$2,000.00 is required at the time of application. This deposit will be cashed only if you are accepted into the semester, and will be applied to the food and accommodation portion. We will send you a receipt and letter of acceptance at that time.

A second deposit of \$2,000.00 is due 45 days before the start date, for the balance of the food and accommodation costs.

The final payment of is due on arrival. This payment will be for the tuition portion of the total cost. **Please make all cheques / money orders payable to “Strathcona Park Lodge”**

ADDITIONAL COSTS: All food, accommodation, tuition, major equipment, and course-related transportation is provided on the COLT Semester. The only additional costs for students are: travel to and from Campbell River for the start and end of COLT and personal spending money. Please call the COLT office if you need more information.

CANCELLATION REFUND POLICY: Naturally, we regret the receipt of any cancellations, but in most cases a portion of the course cost has already been allocated. Your food and accommodation payments are not refundable.

Your tuition payment is refundable, according to the following schedule:

- Withdrawal or dismissal within the first 10 days of the course: \$4,550.00 will be refunded.
- Withdrawal or dismissal within the first 30 days of the course: \$3,250.00 will be refunded.
- After 30 days of the course: no money will be refunded.

CANCELLATION INSURANCE: We recommend the purchase of cancellation insurance; please contact us for details. Should you miss part of the course through sickness or injury, you may claim a refund proportionate to the amount of course time lost.

ARRIVALS AND DEPARTURES: We begin the course at 4:00 pm on the first day of the semester. Departure is the morning of the last day.

CONTRACT

Name _____

Course (*circle*): Summer 2010 Fall 2010

Address _____

City: _____ Province/State _____

Postal/Zip Code _____ Phone _____

E-mail _____

How did you hear about us?_

I acknowledge having read this application package, agree to the terms and conditions described, am aware of the payment and refundpolicy, and certify all information in my application is correct.

Signature of applicant _____

Date _____

Your name and personal identification information, the name of your program of study, and the amount of tuition paid may be forwarded to the Private Career TrainingInstitutions Agency for the purpose of administering the Student Training Completion Fund. This information is collected by the PCTIA under section 26 of the Freedomof Information & Protection of Privacy Act. For more information about the collection, use and disclosure of this information, visit the Agency’s website at www.pctia.bc.ca.

PERSONAL INFORMATION

This form is used to help us learn more about you and to figure out whether the COLT program is right for you.

Name _____ Birthdate (M/D/Y) _____
Citizenship _____
Address _____
Province/State _____ Country _____ Postal/Zip Code _____

Education:

Post Secondary Degree/Diplomas/Trades/Other _____

Experience: (if you need more space feel free to use an extra blank page)

Describe your work experience?_

Describe your outdoor experience?

Why do you want to take the COLT program?

What skills would you most like to improve or gain with COLT?

References: (include one personal *and* one work related)

Personal

Name: _____ Telephone: _____

Email Address: _____

Relationship to you: _____

Work

Name: _____ Telephone: _____

Email Address: _____

Company and Position: _____

MEDICAL FORM

The purpose of this form is to properly prepare the instructors of the program, and to meet the requirements of our liability insurance. Information revealed on this form will be considered confidential and it will not be used to deny you access to the program.

Participant's Name: _____

Date of Birth (d/m/y): ___/___/___ Age: _____ Gender: M F

Doctor's Name: _____

Doctor's Phone Number (_____) _____

BC Care Card Number (for BC residents only): _____

Other Health/Medical Insurance (for non-BC residents)

Provider: _____ Number: _____

ALLERGIES:

Please indicate known allergies:

What triggers your reaction?

Describe what happens when you have a reaction:

Have you ever been hospitalized due to a reaction? Yes No

If YES, how many times?

What, if any, medication do you carry for your allergy?

How do you respond to your medication?

What is the expiry date of your allergy medication?

Please list any DIET RESTRICTIONS (E.g. non-dairy, vegetarian, no nuts, etc.)?_

Do you wear a medic alert tag? Yes No

If YES, where?

Please indicate if you experience any of the following **CHRONIC CONDITIONS** (please circle):

Arthritis

Ear Trouble

Kidney Trouble

Fainting

Motion Sickness

Boils Tonsillitis

Appendicitis

Diabetes

Balance/Vertigo

ADHD

Bronchitis Frequent Colds

Other (please specify) _____

Skin disease

High Blood Pressure

Nightmares

Sinus Trouble Heart Condition

Epilepsy

Convulsions

Nose Bleeds

Hysteria

Sleep Walking Headaches

Blisters

If YES to any of the above, please explain:

Date of last Tetanus Inoculation or Booster (d/m/y): _____ (mandatory within the last 10 years)

Medical Form continued

Do you take any PRESCRIPTION OR NON-PRESCRIPTION DRUGS currently or while taking COLT? Yes No

If YES, what drugs?

Have you been under a DOCTOR'S CARE in the last 12 month? Yes No

If YES, for what reason?

Are you currently receiving COUNSELLING from a mental health professional? Yes No

If YES, for what reason?

Do you have a history of JOINT PROBLEMS (tendonitis, sprains, dislocation, etc.)? Yes No

If YES, please describe:

Please describe your:

EYESIGHT: _ Excellent _ Good _ Fair _ Poor _ Glasses _ Contacts _ Laser Eye

Surgery

HEARING: _ Excellent _ Good _ Fair _ Poor _ Require Electronic Hearing Aid
SWIMMING ABILITY: _ None _ Minimal _ Able to swim 25m _ Able to swim 100m
PHYSICAL CONDITION: _ Excellent _ Good _ Fair _ Poor

Do you feel you have any PHYSICAL LIMITATIONS that would limit your participation in COLT? Yes No
If YES, please explain:

Do you feel you have any PSYCHOLOGICAL LIMITATIONS (fear of heights, etc.) that would limit your participation in COLT? Yes No
If YES, please explain:
List any other factors that may affect your participation:

Medical Form continued

IN CASE OF EMERGENCY CONTACT: (please provide 2)

Name: _____ Relationship: _____
Address: _____
Phone: Home (____) _____ Alternate (____) _____

Name: _____ Relationship: _____
Address: _____
Phone: Home (____) _____ Alternate (____) _____

I have completed this medical form accurately, truthfully, and to the best of my knowledge as of today's date. I understand that **it is my responsibility to inform Strathcona Park Lodge of any new medical condition or change to this information before my program begins. I recognize that falsification or omission of information is grounds for removal from my course.**

Signature of Participant: _____

Date: _____

CONSENT, DISCLOSURE, AND WAIVER OF LIABILITY

I/we, the undersigned, give Strathcona Park Lodge (SPL) permission to have a physician tend to me/us should it be considered necessary. It is understood that SPL and its staff are not responsible for the cost of medical care or any other associated expenses.

I/we am/are aware that the programme that I/we am/are undertaking constitutes a course undertaken at the sole discretion of the undersigned. I/we am/are further aware that this course, in addition to the usual risks inherent, has additional risks which may include but not be limited to:

- physical exertion for which I/we may not be prepare
- weather extremes subject to sudden and unexpected change that may result in my/our getting wet and cold
- remoteness from normal medical services
- evacuation difficulties if disabled away from SPL.

I/we understand that SPL offers programmes which include but are not limited to rockclimbing, mountaineering, canoeing, kayaking, hiking, ropes courses and other general outdoor activities. I/we appreciate that there are inherent risks involved. I/we am/are aware of all inherent risks, including the possibility of personal injury, death, property damage or loss resulting therefrom. I/we acknowledge that the enjoyment of Outdoor Activities is derived, in part, from the inherent risks incurred by travel and activities beyond the accepted safety of home, work or school, and that these inherent risks contribute to such enjoyment, being a reason for my participation.

In entering into this agreement, I/we am/are not relying on any oral, written or visual representation or statements by SPL, its officers, employees, guides/instructors, agents of representatives (collectively, the Staff) or any other inducement or coercion to go on the program, only of my own free will.

I/we agree to participate and follow the rules and directions of the SPL instructor(s) with regards to rules and safety requirements.

I/we hereby confirm that I/we am/are at an age of legal consent and that I have read and understood this Agreement prior to signing it, and agree that the Agreement will be binding upon our heirs, next of kin, executors, administrators and successors signing it, and agree that this Agreement shall be governed in all respects by and interpreted in accordance with the laws of Canada.

Signature of Participant: _____

Date: _____

Code of Conduct, Discipline, Dismissal & Dispute Resolution Policies

Code of Conduct

As a COLT student, remember that you are in a leadership development capacity, and, as such, need to display appropriate behaviour for the children and students who attend Strathcona Park Lodge (SPL) programs to emulate.

Be safety conscious and follow safety procedures outlined by COLT instructors.

Be health conscious. No smoking on any of the COLT programs, or in the COLT accommodation or deck. No use of non-prescription drugs or other illegal substances while in attendance at SPL/COLT. No use of alcohol while on program time.

Show respect for the individual (manners, language, appropriate humour) - including fellow students, employees or guests of SPL. Refrain from behaviour (including comments, conduct, or gestures) that is insulting, intimidating, humiliating, hurtful, malicious, degrading or otherwise offensive to an individual or group of individuals, or creates an unwelcome environment.

Coupling or cliques of two or more people tend to make others feel left out and create difficult group dynamics. We strongly discourage becoming exclusively or sexually involved with any other member(s) of your group while you are on your COLT course.

Intimate relationships with COLT instructors are prohibited.

Bring an attitude of openness, honesty, compassion and humour.

Bring a learning attitude and approach, including cooperation with instructors and schedules.

Inform the COLT Director prior to any absence from the program.

Show respect for the natural environment.

Show respect for all equipment and personal property, including the grounds of SPL.

Discipline Policy

Since COLT is a learning environment, there will be opportunities in certain instances, at the COLT Director's discretion, to help modify attitudes and behaviours that may be outside aspects of the COLT Code of Conduct.

COLT Instructors or the COLT Director may talk to a student individually and clearly spelling out the problem and consequences if the action continues.

A student will be encouraged to seek support in making the change required, and will be requested to sign a "statement of intent" regarding the specific behaviour/attitude.

If the student breaks the "statement of intent", then removal from the course is the next option.

Dismissal Policy

If the COLT Code of Conduct is not adhered to, a student may be dismissed from the COLT semester. Serious breaches, such as the following, will result in immediate dismissal:

- Physical abuse, theft or non-accidental damage to COLT/SPL property;

- Endangering oneself, or others, by failure to abide by safety guidelines laid down by COLT instructors while on program time, or on COLT/SPL property;
- Behaviour displaying insubordination or refusal to cooperate with instructors and schedules;
- Behaviour displaying disrespect toward fellow students and the institution's employees or guests
- The use of non-prescription drugs or illegal substances while in attendance at SPL/ COLT; Intoxification, or the use of alcohol on program time;
- or Flagrant disrespect of SPL/COLT's Code of Conduct and Policies.

Initial: _____

Date: _____

Dispute Resolution Policy and Procedure

POLICY

Individuals should always try to resolve issues informally. If a more formal approach becomes necessary, COLT provides a fair and reasonable mechanism for resolution.

PROCEDURE

Step One: First, try to resolve the issue directly with the other party. If no resolution is forthcoming, proceed to Step Two

Step Two: Request a meeting with the COLT Director to verbally discuss the issue, to try to resolve the issue with the Director's support. If no resolution is forthcoming, proceed to Step Three.

Step Three: Put your complaint in writing to the COLT Director. The COLT Director will request submissions from all involved parties, including witnesses; conduct an investigation and set up a meeting within 48 hours (this timeline may be extended with the agreement of the parties, should the parties or COLT Director be away). The COLT Director will provide a written decision to all parties within 48 hours of the meeting. If no resolution is forthcoming, proceed to Step Four.

Step Four: Put your complaint in writing to the Executive Director of Strathcona Park Lodge. In the event that the COLT Director and the Executive Director are the same person, then the complaint must be directed to the Executive Director, Human Resources. The Executive

Director will request submissions from all involved parties, including witnesses; conduct an investigation and set up a meeting within 48 hours. The Executive Director will provide a written decision to all parties within 48 hours. If no resolution is forthcoming, proceed to Step Five.

Step Five: The parties will appoint an outside mediator/arbitrator within 48 hours. COLT will bear the cost of the mediation/arbitration. The decision of the mediator/arbitrator will be binding to the parties.

“I acknowledge having read COLT's Code of Conduct, Discipline Policy, Dismissal Policy and Dispute Resolution Policy and Procedure, and, by my initialing of each page and signature below, agree to abide by these policies, procedures and codes.”

Signature: _____ Date: _____

Witness: _____ Date: _____