

Graduate Certificate in Outdoor Education

The Graduate Certificate in Outdoor Education (GCOED) provides students with the key principles and knowledge in outdoor education that are aimed at enhancing the professional practice of outdoor educators. Designed as part of the Graduate Diploma in Outdoor Education (GDOED), it helps to pave the path towards higher levels of learning. Upon attaining the GCOED, students may choose to proceed to the GDOED. Click [here](#) to find out more about the GDOED.

Entry requirements to GCOED

Students are required to have either of the following to register for the Graduate Certificate in Outdoor Education (GCOED) modular courses:

- Degree holders with sport, physical or outdoor education or related degree
- Degree holders without sport, physical or outdoor education or related degree but have an Outward Bound Singapore (OBS) Instructor Certificate and recommendation letter from the Executive Director of OBS

Students are also required to submit the following documents together with their application:

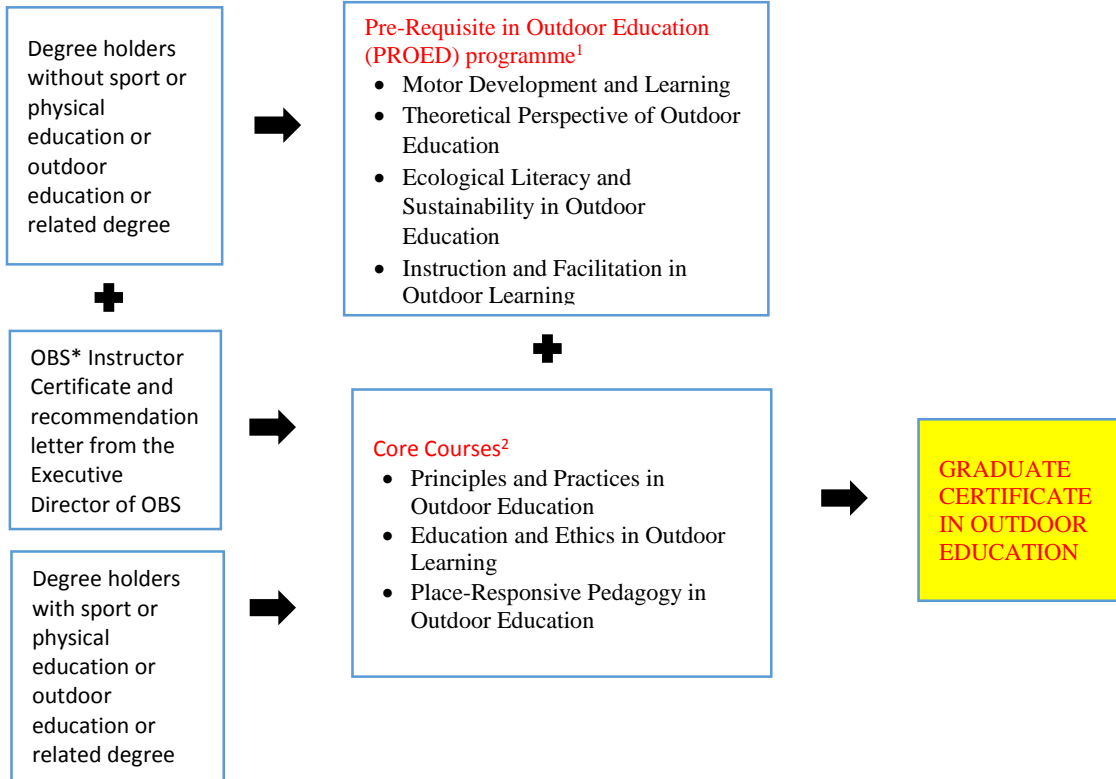
- Health memo (refer to appendix 1)
- Supplementary forms, if necessary (refer to appendix 2)

Students who do not have any of the above-mentioned requirements are required to complete the Pre-Requisite in Outdoor Education (PROED) programme (minimum CGPA of 2.0) to prepare them for the GCOED. To enrol in the PROED programme, please consult the Centre for Continuing and Professional Education (CCPE) at 6248 0263 or cet@suss.edu.sg.

ENTRY REQUIREMENTS

COURSES

CERTIFICATION



* OBS = Outward Bound Singapore

¹Need a CGPA of 2.0 to proceed with GCOED

²Need a CGPA of 2.5 to be awarded GCOED

Medical ExaminationImportant notes:

1. This form has a total of six pages and will take less than 10 minutes to complete. (This does not include the time taken for the medical examination.)
2. Please complete this form by typing or in ink only.
3. Please bring along this form for the medical examination.

FOR NSHD OFFICIAL USE ONLY			
Accepted into Course:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Name/ Signature:
Remarks:			
Date:			

PART 1: APPLICANT'S PERSONAL INFORMATION				
Name of School / Programme:		Starting Semester:		
Course Date:		To		
Name: (as it appears in your Birth Certificate / NRIC)				
NRIC Number:				
Nationality:	Singaporean / Singapore PR / Others (please circle):			
Date of Birth (dd/mm/yy):		Age:		Gender: Male / Female
Race:	Chinese / Malay / Indian / Eurasian / Others (please circle):			
Home Address:	Singapore ()			
Contact Number(s):	(home)	(mobile)		
Email:		Require vegetarian diet?	Yes / No	

PART 2: APPLICANT'S SELF DECLARATION & MEDICAL EXAMINATION (TO BE COMPLETED BY MEDICAL EXAMINER ONLY)			
Name of Applicant:			
Height & Weight of Applicant:	cm	kg	Body Mass Index (BMI):
Do you have / require :			Yes (Y) / No (N)
a.	Chest pains, high blood pressure or heart problems e.g. heart murmur, extra heartbeat, mitral valve prolapse?		Y / N
b.	Asthma, bronchitis, tuberculosis, sinusitis or other lung problems?		Y / N
c.	Fits, epilepsy, fainting spells, migraine, severe head injury?		Y / N
d.	Eye problems e.g. poor vision, cataract, glaucoma, retinal detachment?		Y / N
e.	Ear problems e.g. hearing difficulty?		Y / N
f.	Nerve related conditions?		Y / N
g.	Diabetes / Thalassaemia major / Anaemia?		Y / N
h.	Allergy to medicines / food / others e.g. sea water, insect bites?		Y / N
i.	Bone or joint injuries e.g. fracture / dislocation?		Y / N
j.	A carrier status for any infectious disease?		Y / N
k.	Medical treatment within the last two years?		Y / N
l.	Routine medication?		Y / N
m.	Special diet requirements?		Y / N
n.	Psychological conditions e.g. ADHD, ASD, anxiety, depression, eating disorders?		Y / N
o.	Any form of disability?		Y / N
p.	Any other medical information of note e.g. Specialist's letter/note (please attach); pregnancy		Y / N

Please read page 5 before completing this section.

If the answer is 'YES' to the listed conditions, please provide further information in Part 3 and attach specialist's memo, where applicable.

e.g. history, asthma / allergy triggers and reactions, last known occurrence, required medication, current medical status, contraindications, restriction of movement etc.

Tetanus Immunisation

- Tetanus is a disease caused by the bacteria, Clostridium tetani, which is commonly found in soil, dust and contaminated objects. The bacteria can enter the body through tears or splits in the skin, burns and eye injuries.
- Tetanus is a preventable disease associated with a high fatality rate. The treatment of tetanus is difficult and requires specialized, intensive care.
- Tetanus vaccination is an easily accessible and effective risk management strategy to prevent tetanus infection especially in the outdoors.
- Tetanus vaccination is included under the Singapore National Childhood Immunisation Programme.
- Applicants are at significantly higher risk of tetanus infection if they have never been vaccinated or if the validity period of their tetanus vaccination has lapsed. **Tetanus vaccination has a validity of 10 years** and is **compulsory** for Applicants' participation in the Course.
- If Applicant has a valid tetanus vaccination, please state the date of vaccination below:

Date of tetanus immunisation:

mm / yy

PART 3: FURTHER INFORMATION ON APPLICANT'S MEDICAL CONDITION (TO BE COMPLETED BY MEDICAL EXAMINER ONLY)

PART 4: RECOMMENDATION OF FITNESS TO ATTEND SR NATHAN SCHOOL OF HUMAN DEVELOPMENT PROGRAMME/COURSE IN SUSS (TO BE COMPLETED BY MEDICAL EXAMINER ONLY)

I, the undersigned, have examined the applicant named below and recommend him/ her as follows:

Name of Applicant:	is <input type="checkbox"/> FIT/ <input type="checkbox"/> UNFIT (please tick) to participate in the activities in the Graduate Diploma in Outdoor Education programme/course including Pre-Requisite courses
Other Remarks:	
Name of Doctor:	MCR No:
Name & Address of Clinic:	Contact Number:
Signature:	Date:

PART 5: ACKNOWLEDGEMENT**Medical / Information Declaration**

I declare and confirm that all the information provided herein is true and correct and there is no undisclosed detail(s) that would affect the approval of this registration. I will duly inform S R Nathan School of Human Development of any information change(s). I understand that S R Nathan School of Human Development reserves the right to make the final admission decision based on the Medical Examiner's recommendation, programme/course intensity and S R Nathan School of Human Development operational considerations.

I further give permission for any medical treatment SUSS/OBS deems necessary to maintain the Applicant's well-being. In the event of illness or injury, I hereby give my consent to SUSS/OBS to seek medical treatment and care as may be necessary for the Applicant, and for this purpose, to disclose the medical declaration and other relevant information to authorized medical personnel to provide appropriate treatment.

Acknowledgement of Risk

I, the undersigned, hereby am aware that attendance in the Graduate Diploma in Outdoor Education programme/course involves a certain amount of risk. I agree that I will have to cooperate fully with the staff and diligently comply with the staff's instructions as well as all safety systems and processes. I declare and confirm that I have read and fully understood all the Parts in this Programme Registration Form and I hereby accept the risk involved in the programme/course as disclosed in the information provided by S R Nathan School of Human Development. To the extent permitted by law, I will not hold S R Nathan School of Human Development, its officers, employees and agents liable for any loss or damage incurred or suffered arising from or in connection with participation in the course, provided that the same is not caused by the gross negligence or wilful act or omission of S R Nathan School of Human Development or its officers, servants and agents.

Note:

- All personal information will be used solely for administrative and course enrolment purposes unless consent is provided above.
- Photographs and/or videos may be taken during the programme/course for publicity and marketing purposes.

ACKNOWLEDGEMENT

Name of Applicant:

Signature:

Date:

(* Please delete where applicable)

END OF PROGRAMME REGISTRATION FORM – Thank you for your time!

NOTES FOR THE MEDICAL EXAMINER

Dear Applicant:

Show this page to the doctor when you go for your medical examination for Parts 2, 3 & 4 of your Programme Registration Form.

Applicants who are seeing specialists for pre-existing conditions are advised to go to their specialist for the medical examination.

Dear Medical Examiner:

The applicant wishes to attend Graduate Diploma in Outdoor Education programme/course with SUSS. Please refer to the notes below when considering the applicant's eligibility to attend the programme/course.

Graduate Diploma in Outdoor Education programme/course including any Pre-Requisite courses is/are conducted indoors and outdoors. Participants may be involved in activities such as running, games and outdoor activities.

There are many participants with pre-existing medical constraints who attend our courses. S R Nathan School of Human Development encourages and supports this enthusiasm, effort and commitment. However, in the interest of the applicant's safety as well as that of others, it is important the applicant informs you and the school of any problem area(s) that he / she may experience which may interfere with his / her full participation in the course's activities.

Please assist the applicant to complete the following parts in the **Programme Registration Form**:

- Part 2: 'Applicant's Self Declaration & Medical Examination' (Pg 2)
- Part 3: 'Further Information on Medical Condition (Pg 3)
- Part 4: 'Recommendation of Fitness to attend S R Nathan School of Human Development programme/course' (Pg 3)

Please include as much detail as possible. All information provided therein will be treated with strict confidentiality. Recommendation of fitness should be based on your assessment of the applicant's ability to participate in any S R Nathan School of Human Development programme/course.

Applicants with any of the following medical conditions may not be admitted:	
1	Chest pains related to Heart problem
2	Asthma – Exercise-induced
3	Unavoidable allergens resulting in severe allergic reaction – e.g. traces of allergen or insect bites
4	Anaemia – Hb below 11gm %
5	Epilepsy – Any attack or on relevant medication within the last 2 years
6	Severe obesity – Based on Body Mass Index (BMI) greater than 35
7	Thalassaemia major
8	Recurrent or recent fractures/ muscle/tendon/ ligament problems - within the last 6 months
9	Mitral valve prolapse with regurgitation
10	History of Sleepwalking – Any occurrence within 1 year (For overnight programmes only)
11	Severe Attention Deficit Hyperactivity Disorder (ADHD) / Autism Spectrum Disorder (ASD)
12	Any condition requiring self-administered injections – E.g. Diabetes requires insulin injection
13	Any other physical or psychological conditions that may impair the applicant's participation or safety in the course

Important:

1. S R Nathan School of Human Development reserves the right to make the **final admission decision** based on the Medical Examiner's recommendation, programme/course intensity, and the school operational considerations.
2. If the applicant contracts any illness/disease or sustains any injury between submission of the Programme Registration Form and the commencement of the course, it is important that the applicant consults a doctor and keeps S R Nathan School of Human Development informed.

**Medical Services & Training Continuation Sheet
(FOR INTERNAL USE ONLY)**

Name of Applicant:

Date/ Time

Notes

Recorded by

Date/ Time	Notes	Recorded by

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FITNESS DECLARATION FORM
Required for Applicant with Body Mass Index (BMI) of 30 or above

Applicants will be reviewed for suitability to participate in the Course. If assessed to be suitable, adjustments may be made to the activities based on the information provided.

Name of Applicant:

Describe the Applicant's current exercise regime:

1. Does Applicant participate in sports / PE regularly? Yes No

Specify the sports / physical activity engaged in: _____

Frequency & Duration: _____ times a week for _____ minutes/hours

2a. Does Applicant experience prolonged breathlessness, chest pain or giddiness during or after sports / PE? Yes No

2b. If yes, specify duration of discomfort, and describe management or medical treatment, or medication (if any):

3. Has Applicant done the following in the last 12 months:

3a. Worn a climbing harness? Yes No
 If yes, specify the type of harness:

Sit harness Or Full body harness with shoulder straps

3b. Worn a personal floatation device or life-vest? Yes No

3c. Sat in a closed-deck kayak? Yes No

**To be Completed by Applicant 18 years and above or by Parent / Guardian if
 Applicant is below 18 years old**

I, the undersigned, confirm that to the best of my knowledge, the information provided above is true, accurate and complete. I acknowledge the risks of, and agree to, the Applicant's participation in the Course.

**Name of Applicant Or
 Parent/Guardian
 (of Applicant below 18 years):**

SIGN HERE
***Signature**

dd / mm / yy
Date

NRIC/FIN No.:

Contact No.:

*Complete signature in blue or black ink only, digital signature cannot be processed at this point

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ALLERGY MANAGEMENT FORM Required for Applicant with Diagnosed Allergy

An Applicant with diagnosed allergy shall provide supplementary information to help us assess if he / she is suitable for the Course. We consider the following:

- Applicant's level of sensitivity to allergen(s);
- Applicant's ability to manage his/her condition in an outdoor setting based on history of symptoms and allergic reactions;
- Any potential aggravation of the allergy when exposed to the various factors of the Course; and
- The environment which the Course operates in, and the time required to access emergency medical services.

Name of Applicant:

1. The Applicant has stated allergy to medication / environmental factor / food.

Specify the allergen and provide information of trigger and the reaction for every allergen in the table:

Allergen	*Specify if can tolerate small amount	Trigger e.g. Consumed / Touched / Inhaled / Any other forms of contact (pls specify)	Describe the allergic reaction e.g. rash, hives, trouble breathing, swelling of airway or anaphylaxis
Eg. Seafood (can take fish)	<input checked="" type="radio"/> Yes / No	Eg. Consumed	Eg. Swollen lips
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		

Note: *Applicable to Food Allergy only

OBS works with food suppliers that process different types of food within the same facilities. Exposure to small amount of the common food allergen is highly probable. Applicant who **cannot tolerate** the following **may not be enrolled**:

- i. Common allergen that can be found in most food items or
- ii. Traces of allergen (Very small amount that cannot accurately be measured).

2. Onset Time: After contact with the allergen, how long does it typically take for signs and symptoms to appear?

- Immediate, within 2 hours Delayed, more than 2 hours

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3. Has Applicant ever been hospitalised for this condition? Yes No
 If yes, state when and situation leading to allergic reaction:

4. If Applicant has medication to relieve the allergic reaction or symptoms, provide details of the medication:

Name of Medication & Dosage:

State side effect(s), if any:

Note: The Applicant is responsible for bringing the above medication which must be carried in a clearly labelled plastic bag. The medication must be **prescribed in Applicant's name**, with time **validity** and with **sufficient quantity for the full duration of the Course**. If the Applicant fails to do so, the Applicant may not be able to participate in the Course.

To be Completed by Applicant 18 years and above or by Parent / Guardian if Applicant is below 18 years old

I, the undersigned, confirm that to the best of my knowledge, the information provided above is true, accurate and complete.

Given the level of the Applicant's sensitivity to allergens, the Applicant's ability to manage the condition, and OBS's limited ability to control the contact with either known or unknown allergens, I acknowledge the risks of, and agree to, the Applicant's participation in the Course where access to emergency medical services could take up to 2 hours away.

**Name of Applicant Or
 Parent/Guardian
 (of Applicant below 18 years):**

SIGN HERE
***Signature**

dd / mm / yy
Date

NRIC/FIN No.:

Contact No.:

*Complete signature in blue or black ink only, digital signature cannot be processed at this point