



Outdoor Recreation Industry Council of NSW 2010 – 2011 MEMBERSHIP REGISTRATION FORM

Name of Organisation / Owner/ Business Manager: _____

Registered Trading Name: _____

ABN Registration Number: _____

Nominated Representative: _____ Position: _____

Street Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Telephone: _____ Fax: _____

Mobile Phone: _____ Email: _____

Web URL: _____

Please fill in the following information:

1. Type of Business: *(place an "x" in the appropriate box)*

- | | | | |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Limited Company | <input type="checkbox"/> Public Company | <input type="checkbox"/> Association |
| <input type="checkbox"/> School | <input type="checkbox"/> Religious/Ministry | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> School Owned Property | <input type="checkbox"/> Registered Operator of The Duke of Edinburgh Award | | |

2. Style of Business *(place an "x" in the appropriate boxes)*

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Group Accommodation | <input type="checkbox"/> Conference Facility | <input type="checkbox"/> Outsourcing Provider | <input type="checkbox"/> Tours & Travel Groups |
| <input type="checkbox"/> Off-Site Activity Provider | <input type="checkbox"/> Catered Operation | <input type="checkbox"/> Adventure Activities | <input type="checkbox"/> Corporate |
| <input type="checkbox"/> Environmental Studies & Education | <input type="checkbox"/> Other _____ | | |

3. Does your organisation carry Public Liability Insurance for all activities? No Yes

4. Is your insurance provider APRA Approved? No Yes

5. How many client days are provided per year? Please indicate:-

100-199	200-499	500-999	1000-1999	2000-3999	4000-5999	6000-7999	8000-9999	10,000+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please indicate	1-5	6-10	11-15	16-20	21-30	31-40	41-50	+50
Total number of persons employed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full time equivalent number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Casual equivalent number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Do you or any staff have contact or work with children in the course of their work? No - Go to Q10. Yes
8. Have you completed Child Protection Checks for all staff working with children? No Yes
9. Do you have a Child Protection Reporting procedure in place? No Yes
10. Do you use State Forests? No - Go to Q12 Yes - Go to Q11
11. How many day visits per year do you enter State Forests?
 20-40 41-60 61-80 81-100 101-120 121-140 141-150 +151
12. Do you use the National Parks? No - Go to Q15. Yes - Go to Q13.
13. How many day visits per year do you use National Parks?
 20-40 41-60 61-80 81-100 101-120 121-140 141-150 +151
- How many overnight stays per year do you use National Parks?
 20-40 41-60 61-80 81-100 101-120 121-140 141-150 +151
14. Do you hold a NPWS Licence? No Yes Licence No. _____
15. Do you operate:
- | | | | | |
|------------------------------------|-----------------|--------------|--|--------------------------------------|
| <input type="checkbox"/> Row Boats | How many? _____ | Type of use: | <input type="checkbox"/> Journey/Overnight Program | <input type="checkbox"/> Day program |
| <input type="checkbox"/> Canoes | How many? _____ | Type of use: | <input type="checkbox"/> Journey/Overnight Program | <input type="checkbox"/> Day program |
| <input type="checkbox"/> Kayaks | How many? _____ | Type of use: | <input type="checkbox"/> Journey/Overnight Program | <input type="checkbox"/> Day program |
| <input type="checkbox"/> Sailing | How many? _____ | Type of use: | <input type="checkbox"/> Journey/Overnight Program | <input type="checkbox"/> Day program |
16. Do you hold a NSW Maritime Hire & Drive Licence? No Yes Licence No. _____
17. Subscribe to the Australian Journal of Outdoor Education (AJOE) - optional Yes No
- I would like to receive the Australian AJOE at a cost of \$25.00 per year. The AJOE is published twice a year.
 I do not want to receive the AJOE.

New Membership Registration 1 April 2010 – 31 March 2011

Fax to 9487 8666 or
Mail to ORIC, PO Box 634, Wahroonga NSW 2076

Joining Fee	\$155.00 + GST
Annual Membership	\$499.00 + GST

Total **\$654.00 + \$65.40 GST = \$719.40**

Subscribe to AJOE GST Included \$ 25.00

- I enclose a cheque, money order or bank draft payable to 'ORIC' for the above fees.
 Please debit my VISA M/CARD for the above fees. *Charges appear as 'ORIC'.*

Card number _____ / _____ / _____ / _____ Exp date ____/____

Name on card (BLOCK letters please) _____

Authorised Signature _____ Date: _____

Invoice issued will become a Tax Invoice for GST purposes only after full payment has been received by ORIC.

Outdoor Recreation Industry Council NSW (ORIC) OUTDOOR INDUSTRY CODE OF CONDUCT

The principles of this Code are expressed in broad statements to guide ethical decision making. These statements provide a framework; they cannot and do not dictate conduct to cover particular situations. All members of ORIC, including those accredited by ORIC, are expected to comply with the following Code of Conduct.

This Organisation undertakes to:

- Uphold a high standard of business ethics and customer service at all times.
- Obey all legal requirements, and "common practices" relating to the industry, such as insurance, licences, land and water approvals/permits, industry qualifications etc.
- Protect the natural environment and ensure that all practices follow minimal impact guidelines.
- Interpret the natural surroundings for participants where appropriate, so that every activity is enriched by the environment, which it utilises, and an appreciation for the environment is awakened in participants.
- Protect the safety and welfare of staff and participants at all times through detailed risk minimisation strategies.
- Help all participants to realise their full potential and to stimulate the spirit of inquiry and the acquisition of knowledge through quality teaching practices.
- Treat all people: clients, co-workers, competitors and the general public, with professionalism, equity and integrity, being unbiased towards race, gender, age or ability.
- Protect staff and client rights to privacy and confidentiality with respect to information sought or received.
- Treat co-workers and other colleagues with respect, fairness and good faith, and advocate conditions of employment that safeguard the rights and welfare of all employees.
- Strive for excellence in the profession by maintaining and enhancing our own knowledge and skills, by encouraging the professional development of co-workers, and by fostering the aspirations of potential members of the outdoor industry.

ORIC CODE OF CONDUCT DECLARATION

As members of ORIC we are commonly involved in activities and situations where people trust us to be professional and competent. It is imperative that we conduct ourselves, our businesses and activities in a way that upholds that faith and the professional reputation of our Association. The ORIC Code of Conduct sets out the ethical standards that ORIC expects its members to aspire to and adopt in order to guide their operations and decision making.

As a member of ORIC, I/we confirm that I/we have read and understood the standards set out in the ORIC Code of Conduct and agree to uphold the principles as stated.

Signed _____

Date _____

MEMBERSHIP APPLICATION DECLARATION

I, _____ certify that the information given, is correct at the time, and that Membership Registration information provided is intended to demonstrate this organisation's services meet established minimum operational standards, legal requirements and a commitment to ethical conduct.

I acknowledge a responsibility to uphold the claims I have made in this application. I understand ORIC Membership Registration does not ensure my continued compliance with the claims made at the time of application, nor does registration offer any guarantee my business will satisfy industry requirements.

I further agree to be contacted later in the year to be surveyed on vital statistical information. (This will enable ORIC to gather more meaningful information and disseminate to your business.)

In applying for ORIC membership we acknowledge membership is not confirmed until approved by the ORIC Board and in accordance with the ORIC constitution. Membership falls due 31/3/2011. No pro-rata membership is available (conditions apply).

Signed _____

Date _____