



APPLICATION FORM 2012

Please complete and return as soon as possible to:

Destination Dairy
Agriculture New Zealand
Private Bag 10002
Feilding 4743

Applications close 5pm Friday 25 November 2011

PERSONAL DETAILS			
Last Name			
First Name(s)			
Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		<small>day month year</small>	
Home Address		Postal Address: (if different from home address):	
Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Phone: (0)		Cell Phone: (02)	
Email Address:			
CITIZENSHIP AND RESIDENCY:			
Tick the box which best describes your citizenship or permanent residency status.			
New Zealand Citizen <input type="checkbox"/>		Australian Citizen <input type="checkbox"/>	
New Zealand Permanent Resident <input type="checkbox"/>		Other (please specify) <input type="checkbox"/>	

Programme Coordinator Use Only:

Interviewed by:	_____
Date of Interview:	_____
Notes:	
OUTCOME:	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> ON WAITING LIST <input type="checkbox"/> UNSUCCESSFUL <input type="checkbox"/> APPLICATION WITHDRAWN

EDUCATION

What was your last year at secondary school?

What high school(s) did you attend? _____

What is the highest academic award you hold from a secondary school?

NZQA Number

EMPLOYMENT

Have you ever worked before?

YES

NO

If yes, give us some details:

Employer	What were you doing?	Why did you leave?
1		
2		

What have you learnt from the jobs you have held?

Have you had any experience in the dairy industry?

YES

NO

If yes, provide some details.

What is your greatest ambition? Where would you like to be in 2 years time?

DESTINATION DAIRY TRAINING PROGRAMME

How did you hear about this programme?

What is your understanding of how the Destination Dairy Programme runs?

What are you hoping to gain by completing the Destination Dairy Training Programme?

INTERESTS / HEALTH / GENERAL

What interests do you have? Do you play any sport or have you in your recent past?

Do you have a driver's licence? YES NO

Are you working towards getting a driver's licence? YES NO

What type of licence do you currently have or are working toward? _____

Do you have your own car? YES NO

Have you been in trouble with the Police in the last 3 years? YES NO

If yes, tell us about it. _____

How would you rate your level of reading and writing?

	Poor									Excellent
Reading	1	2	3	4	5	6	7	8	9	10
Writing	1	2	3	4	5	6	7	8	9	10

STUDENT MEDICAL QUESTIONNAIRE

Do you suffer (or have you ever suffered) from:			Details (how bad)
Epilepsy or blackouts?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Diabetes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
High Blood Pressure?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Heart Complaints?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Anxiety / depression?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
ADHD?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Other psychological disorders?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Asthma / bronchitis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Reactions to stings / bites?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Other Allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Hepatitis A or B?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Colour blindness?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Any other ailments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Fear of heights?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

Have you ever had an injury, strain or pain:			Details (how bad)
to finger/wrist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
to neck, shoulder, back?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
to limbs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

Have you ever had:			
An ACC claim for any injury?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Skin rashes, dermatitis, eczema?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
Other medical/health problems?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

If you are currently being treated for any health problem, please give details below:

Do you need to have your medication with you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Details: _____
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REFEREE

Who could we contact for a reference about you? (not an immediate family member)

Name _____

Relationship _____

Phone _____

Name _____

Relationship _____

Phone _____

CRIMINAL CONVICTION CHECK

As part of our process you will be required to undergo a criminal convictions check. The Ministry of Justice Criminal Convictions check form will be completed at the interview stage.

If you are accepted and offered placement but your Criminal Convictions Report reveals any information that is unsatisfactory to your workplace trainer, the offer of placement may be revoked or your placement terminated immediately. If you have already commenced on the programme, Agriculture New Zealand still retains the right to terminate your placement based on any unsavoury information that may be brought to our attention as a result of your Criminal Convictions Report and retains the right to reasonably determine the definition of unsavoury on a case by case basis.

It is expected checks may take approximately 3 weeks. Should you be offered placement and/or commence placement with Agriculture New Zealand the continuance of your placement is subject to the results of the Criminal Convictions Report.

STUDENT DECLARATION

I declare that to the best of my knowledge the information supplied on this application is true and complete.

I acknowledge that I currently have no work related injury or ACC claim that would preclude me from carrying out the training and tasks I would be required to perform as a trainee on this programme.

I acknowledge that the personal information supplied in this form is obtained for the purposes of protecting my health and safety while attending this training programme.

I declare to the best of my knowledge the answers to the questions in this health assessment are correct and I understand that if any false information is given or material fact suppressed, my inclusion in some parts of this programme may be at risk.

I understand that if a Criminal Convictions Report identifies any concerns to Agriculture New Zealand or my workplace trainer that my place (or an offer of a place) on the programme may be revoked.

Signed _____ (applicant) Date _____