



## APPLICATION FORM 2012

Please complete and return as soon as possible to: **Future Farmer**  
**Agriculture New Zealand**  
**Private Bag 10002**  
**Feilding 4743**

**Applications close 5pm Friday 25 November 2011**

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

### Programme Coordinator Use Only:

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APPLICATION WITHDRAWN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

**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 farming experience?

YES

NO

If yes, provide some details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FUTURE FARMER TRAINING PROGRAMME**

**How did you hear about this programme?**

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**What is your understanding of how the Future Farmer Programme runs?**

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**What are you hoping to gain by completing the Future Farmer Training Programme?**

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**INTERESTS / HEALTH / GENERAL**

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

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**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. \_\_\_\_\_

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**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  NO  \_\_\_\_\_
- Diabetes? YES  NO  \_\_\_\_\_
- High Blood Pressure? YES  NO  \_\_\_\_\_
- Heart Complaints? YES  NO  \_\_\_\_\_
- Anxiety / depression? YES  NO  \_\_\_\_\_
- ADHD? YES  NO  \_\_\_\_\_
- Other psychological disorders? YES  NO  \_\_\_\_\_
- Asthma / bronchitis? YES  NO  \_\_\_\_\_
- Reactions to stings / bites? YES  NO  \_\_\_\_\_
- Other Allergies? YES  NO  \_\_\_\_\_
- Hepatitis A or B? YES  NO  \_\_\_\_\_
- Colour blindness? YES  NO  \_\_\_\_\_
- Any other ailments? YES  NO  \_\_\_\_\_
- Fear of heights? YES  NO  \_\_\_\_\_

**Have you ever had an injury, strain or pain:**

**Details (how bad)**

- to finger/wrist? YES  NO  \_\_\_\_\_
- to neck, shoulder, back? YES  NO  \_\_\_\_\_
- to limbs? YES  NO  \_\_\_\_\_

**Have you ever had:**

- An ACC claim for any injury? YES  NO  \_\_\_\_\_
- Skin rashes, dermatitis, eczema? YES  NO  \_\_\_\_\_
- Other medical/health problems? YES  NO  \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you need to have your medication with you?**

YES  NO

**Details:**

\_\_\_\_\_

**REFEREE**

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

**CRIMINAL CONVICTIONS 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 Landcorp (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 Landcorp that my place (or an offer of a place) on the programme may be revoked.**

Signed \_\_\_\_\_ (applicant)      Date \_\_\_\_\_