

Southern Group Training Trust

55 Gala Street, PO Box 240, Invercargill 9840. Ph (03) 218 8532 Fax (03) 218 2647 email: info@apprenticeships.net.

APPLICATION FOR APPRENTICESHIP

PERSONAL PARTICULARS

Surname: _____ First Names: _____

Have you ever used another name(s), and if so please specify? _____

Your answers in this application must include information relating to any other name(s) you have used.

Home Address: _____ City: _____ Post Code: _____

Telephone Numbers: (H) _____ Mobile: _____

Date of Birth: _____ Email Address: _____

Ethnicity: _____ NZ Maori Yes / No

NZQA Number: _____ User Name: _____ Password: _____

Particulars of Next of Kin:

Surname: _____ First Names: _____

Home Address: _____ City: _____ Post Code: _____

Telephone Numbers: (H) _____ (W) _____ (Mobile) _____

Relationship: _____

Please specify the apprenticeship/traineeship being applied for: _____

Have you previously applied for a position with Southern Group? YES / NO If so, when? _____

EDUCATION:

Secondary School(s) attended and years attended? _____

Are you currently attending Secondary School? YES / NO

If NO, what was your final year of Secondary School? _____

Are you currently attending, or have you attended, a Polytechnic or any other Training Institution? YES / NO

If YES, please give details of courses completed and qualifications gained.

Example: STAR, Gateway, Trades Academy, Level 3 Pre Trade Certificate

PLEASE ATTACH A COPY OF YOUR CURRENT SKILLS BASED CV

ALONG WITH COPIES ONLY OF ALL RELEVANT DOCUMENTS INCLUDING YOUR MOST RECENT SCHOOL REPORTS, EXAM RESULTS, NZQA RECORD OF ACHIEVEMENT

Have you ever been dismissed or left before being dismissed in previous employment. YES / NO

If yes, please give details: _____

EXISTING CONDITIONS

Do you have any disability or medical condition which may affect your ability to effectively carry out the tasks and responsibilities required in the position you are applying for?

Please include information on any respiratory conditions e.g. asthma, hay fever, allergies, YES / NO
Please give details _____

Do you have, or have you had, any injury or medical condition caused by gradual process, disease, or infection? YES / NO

Please give details _____

Are you currently taking any medications? YES/NO

Please give details _____

Do you have any present or past injury for which you may, or may not, have claimed ACC and /or other insurance cover? YES / NO

Please give details _____

Do you hold a current driver’s licence? If Yes, please attach copy. YES / NO

Learners: _____ Restricted: _____ Full: _____ Date of Issue _____ Demerits YES / NO

What is your current/intended means of transport to work? _____

Have you, or any of your alias’, ever had a criminal conviction or are you likely to have a criminal case come to court in the near future, or had you been 18 years of age at the time would you have incurred a criminal conviction? YES / NO

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation?

Do you have any interests or responsibilities that may prevent you from working the hours stipulated or any additional overtime? YES / NO

Please give details _____

Requirement of the Privacy Act 1993

1. Southern Group Training is collecting and will hold the information provided by you for the purposes of:
 - a) considering your application for employment with Southern Group Training, and
 - b) administering and monitoring any future employment you may have with Southern Group Training.
2. You have the right of access to this information and to correct personal information within it.

DECLARATION

I certify that my replies to these questions are, to the best of my knowledge, true and correct, and I am prepared to undergo an employment check, security check, driver check, pre employment alcohol and drug test, and/or medical examination paid for by Southern Group Training if required.

I agree to my name, apprentice qualification and photograph being used for testimonial, advertising, promotional and/or public relations purposes by Southern Group Training.

I agree that enquires may be made of, and copies of relevant reports/qualifications/information obtained from any referee, tutor, Industry Training Organisation, Institute of Technology Polytechnic, New Zealand Qualifications Authority, employer and/or guardian, including giving permission to NZQA to allow Southern Group Training to access my Record of Achievement.

I understand that by providing any false information I may render myself liable to automatic disqualification from employment or instant dismissal.

Signature:.....Date:

Name in full:.....