



Nelson Technical Institute
APPLICATION FORM

Course applying for: _____ Level: _____

Name: _____
(Last name) *(First/given names)*

Are you known by any other name/s? _____

Date of birth: _____ / _____ / _____

Contact phone numbers: Hm. _____ Cell. _____

Current address: _____
(street address)

_____ *(suburb/city)*

_____ *(post code)*

Do you hold a New Zealand Drivers Licence? YES / NO

If yes up to what class: _____ Licence Number: _____

How long have you held that class? _____

Other endorsements held (if any): _____

Please give a brief history of any work experiences, other employment and/or other training courses you have attended in the last year:

Are you currently employed? If so, please provide details including hours:

Are you currently registered with Work and Income New Zealand? YES / NO

How long have you been registered with WINZ? _____

What type of benefit do you receive? _____

Do you have any physical/medical issues that could affect your training or future employment? (*i.e. allergies, epilepsy, diabetes, hernia, vision/hearing impairment*)

Are you willing to obtain a DL9 medical certificate (*for driver licencing purpose*) YES / NO

Please rate yourself in the following areas:

	<i>(need help)</i>			<i>(no problems)</i>	
Maths	1	2	3	4	5
Reading	1	2	3	4	5
Comprehension	1	2	3	4	5

Do you require further literacy and/or numeracy help? YES / NO

What are you future goals and aspirations? _____

Why are you interested in this course? _____

How did you hear about this course? _____

Upon the processing of this application you may be given an appointment/interview time at which you will need to bring with you, your full Birth Certificate or Passport and current New Zealand Drivers Licence. Please note that these must be original documents as we must view all originals before taking copies for our records.

Declaration

I _____ (name) declare that to the best of my knowledge all the information supplied on and with this application form, is true and complete, and I consent to the disclosure of personal information as described above.

Applicants signature

_____/_____/_____
Date

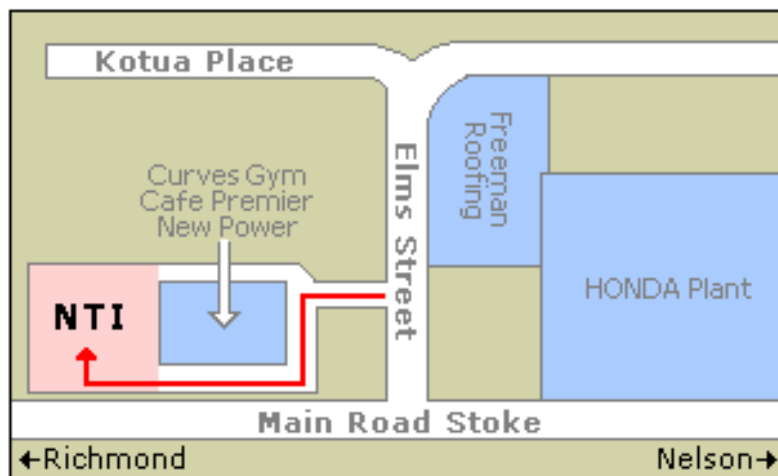
Please return this application form to:

Administration
 Nelson Technical Institute
 P.O. Box 2231
 Stoke
 Nelson
 0800 TRY TECH
 (8 7 9 8 3 2 4)

Phone: 03 544 7350

THIS APPLICATION FORM DOES NOT GUARANTEE ACCEPTANCE

*Please note that full versions of all our company policies including the **Nelson Technical Institute Trainee Induction Document** and the **Nelson Technical Institute Health and Safety Policies and Procedures Manual** are available and are read through with the tutor during the induction process on a learners first day.*



OFFICE USE ONLY			
Appointment time given and confirmed:	Date:		
	Time:		
Record of learning printed:		NSI Number:	
Letter of referral received:		MOE Exemption received:	