

WAIPAOA STATION FARM CADET TRAINING TRUST



CADETSHIP APPLICATION

P - Bag 37003
Te Karaka 4042
Gisborne

Purpose and Confidentiality:

- This information is collected for the purpose of assessing your suitability for a position as a training cadet and will not be passed on or used for any other purpose. **(You will need to supply eight copies of your CV)**
 - This form must be completed in the applicant's own writing. Please provide complete information for each question unless otherwise advised, regardless of whether or not you consider it relevant to the cadetship position applied for.
 - If your application is successful this form will be retained on your personal file. If unsuccessful it, along with your other application documents, will be destroyed after one month of appointment of the successful applicants.
- Your access to this information:** You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.

SECTION 1 - PERSONAL INFORMATION (Please print)

First name(s): _____ / _____ Family name: _____

If you are known by any other names please record here: _____

Residential Address: _____ Town: _____

Postal Address : _____

Ph: _____ Email : _____

Fax: _____ Mobile Ph: _____

(Please circle one)

Current year at secondary school: 11/12/13

Date of birth: ____/____/____

Tertiary Qualifications achieved and/or currently studying:

Year of study: ____/____/____

Year of study: ____/____/____

Sports/Interests

Interests in Agriculture

SECTION 2 - GUARDIAN INFORMATION (Please print)

Full name of Parent(s) or Legal Guardian (s)

Occupation

_____/_____/_____

_____/_____/_____

(If different from above)

Residential/Postal Address: _____

Town: _____

Postal Address : _____

Ph: _____

Email : _____

Fax: _____

Mobile Ph: _____

SECTION 3 – REFEREES

Please give details of (4) referees that you authorise us to contact and supply a reference from each;

- Two secondary school referees from the school you last attended, years twelve &/or thirteen
- Two workplace referees for whom you have worked

Note: The Waipaoa Training Trust reserves the right to approach other individual(s) who may have knowledge of the applicant for information that will assist the Trust in making the appointment decision.

School Referees:

1)

Name: _____

Position: _____

School Name: _____

Year of contact: ____/____/_____

Mobile Ph: _____

Phone No: _____

2)

Name: _____

Position: _____

School Name: _____

Year of contact: ____/____/_____

Mobile Ph: _____

Phone No: _____

Workplace Referees:

1)

Name: _____

Position: _____

Business Name: _____

Your role: _____

Mobile Ph: _____

Phone No: _____

2)

Name: _____

Position: _____

Business Name: _____

Your role: _____

Mobile Ph: _____

Phone No: _____

SECTION 4 – APPLICANT AUTHORISATION:

Do you agree to verbal/written requests for further information being made of the following persons as to the accuracy of information contained in this application form or associated application documents, or any other matter relating to your suitability for training?:

Present/past School Personnel or Principal:

Yes:

No:

Past Employer(s):

Yes:

No:

SECTION 5 – GENERAL INFORMATION:

(Please circle one)

What is your drivers licence status?

None/Restricted/Full

If yes, what class(es) _____

Licence No: _____

Have you ever been charged or convicted of a criminal offence?

Yes:

No:

Have you attended a Waipaoa open day:

Yes:

No:

SECTION 6 - APPLICANT DECLARATION:

In signing this document I confirm that all information provided is factual and accurate as at the time of completion of this application form. If I am accepted as a cadet; I shall obey all rules and policies for cadets.

Signature of Applicant: _____

Date: ____/____/____

SECTION 7 – CONSENT OF PARENT(S) or GUARDIAN(S)

I hereby consent to the above application and confirm that the following requirements have been completed and a attached to each CV:

Completed application form x 1

Introductory letter x 1

Copy of Birth Certificate x 1

Passport sized photograph x 1

References x 4

Guardianship declaration

Signature(s) of Guardian(s) _____

Date: ____/____/____

SECTION 8 – GUARDIANSHIP AND HEALTH ACCORD

(Principle guardians full name)

I _____/_____/_____ in signing this declaration form hereby acknowledge that I have read and understand the provisions of this document as outlined in section ten (a).

(Circle one)

I therefore authorize the transfer of the responsibility of temporary guardianship of my *son/daughter* named _____/_____/_____ over to the Waipaoa Station Farm Cadet Training Trust while participating in any programme activity; as outlined in section ten (b).

(Circle one)

(Circle one)

Also in signing this document I acknowledge that my *son/daughter does/does not* have a learning impediment, severe allergic reaction, health or behavioural condition that, may need specialist management or could result in an adverse reaction to contact with animals, biting/ stinging insects, weather elements or the physical demands of farm work activity.

Note; if one or more of the above mentioned conditions exists; please state details below.

Condition/s: _____

Details of management practices or emergency first aid specific to this matter:

Name and contact details of doctor familiar with this condition, if applicable:

The information supplied in this section will be treated as confidential and will enable training staff to provide support for the trainee that is specific to the condition/impediment outlined.

SECTION 9 – WAIPAOPA STATION FARM CADET TRAINING TRUST DECLARATION

The Waipaoa Station Farm Cadet Training Trust in jointly signing this document hereby agrees to take all practicable measures to uphold the provisions of the Health and Safety Act 1992 and sections 5, 6 and 7 of the contractual agreement with Tairāwhiti Polytechnic, in reference to trainee safety and well being.

Signed:

Applicants principal guardian: _____

Date: ____/____/_____

Waipaoa Training Manager: _____

Date: ____/____/_____

SECTION 10 – DEFINITIONS

(a) "Temporary Guardianship" for the purpose of this document refers to the responsibility for the pastoral care and health and safety of trainees while on Waipaoa Station or engaged in any off-site programme activity. **The exclusion to this is off-site personal time, such as weekend and holiday activities**, where the onus of responsibility for personal safety and well being lies solely with the trainee.

(b) "Programme Activity" is any form of physical activity, social participation or interaction by trainees in accordance with the Waipaoa training programme curriculum.

Coverage includes: Off-site field trips, on-farm practical work, training activities and **on-site personal time**.