

JERSEY NZ YOUTH COUNCIL

CONFIDENTIAL

Application Form to be completed by the applicant

To be sent to: Youth Coordinator
c/- Jersey NZ
595 Ruakura Rd
RD 6
Hamilton, 3286

Email to: info@jersey.org.nz

Date of Application

PURPOSE

This information is collected for the purpose of assessing the suitability of the applicant for the position of Director on the Jersey NZ Youth Council.

Please attach a passport size photo (photo may be used for publicity purposes)

We wish to retain the information below and photos on file. **Permission Granted:** Yes / No

Name (Please print)

Surname:

Given Names:

Contact Details (Include postcodes)

Postal Address:

Residential: (if different)

Home Phone:

Business Phone:

Fax:

Mobile:

Email:

Status

Are you a citizen of NZ?

Are you a member of Jersey NZ?



Education including University, further education etc where applicable

Name/s of Secondary schools/tertiary institutes attended:

.....From.....To.....
.....From.....To.....
.....From.....To.....
.....From.....To.....
.....From.....To.....

Qualifications gained (NCEA levels, Diplomas, degrees etc)

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List below any other relevant training.

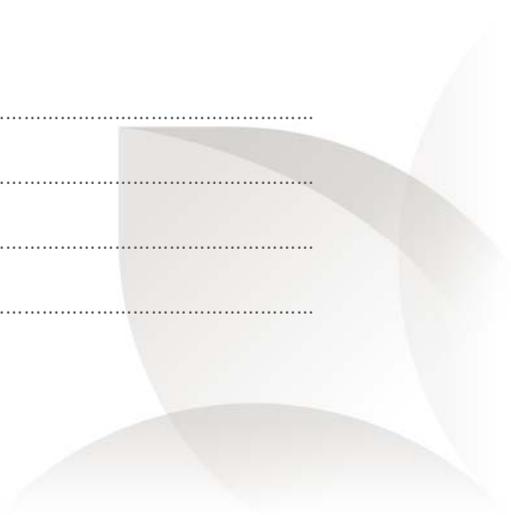
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List below any memberships for colleges, societies, community groups etc

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Why are you applying for a position on the Jersey NZ Youth Council?

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What skills do you think you will bring to the Youth Council?

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Other (If yes to either question please detail)

Have you ever been convicted of a criminal offence?

Are you awaiting the hearing of charges in a civil or criminal court of law?

Referees

Give details below of at least two referees:

Name:

Relationship:

Address:

Phone:

Name:

Relationship:

Address:

Phone:

I consent to Jersey NZ seeking verbal information about me from referees and authorise the information sought to be released. Yes / No

If yes: (Signature) Date:

Declaration

I (full name), declare that, to the best of my knowledge, the answers in this application are correct and I understand that, if any false or deliberately misleading information is given or any material fact suppressed, I will not be accepted – and/or my position of Director will be terminated.

Signature: Date:

Note: The completion of this form does not indicate that there is any obligation on the part of Jersey NZ to engage the applicant.

