

JERSEY NEW ZEALAND GOVERNANCE DEVELOPMENT PROGRAMME



CONFIDENTIAL

Application Form to be completed by the applicant

To be sent to: Alison Gibb
c/- Jersey NZ
290 Tristram Street
Hamilton, 3240
PO Box 1132
Email to: info@jersey.org.nz

Date of Application

PURPOSE

This information is collected for the purpose of assessing the suitability of the applicant to participate in the JerseyNZ Governance Development Programme

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?

If no, are you prepared to join as an Associate Member?



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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What do you understand by Governance and what is your motivation for applying for the Governance Development programme?

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What do you hope to gain from being part of this programme?

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Give details below of at least two referees:

Name:

Relationship:

Address:

Phone:

Name:

Relationship:

Address:

Phone:

I consent to JerseyNZ 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.

Signature: Date:

