

**JerseyNZ GOVERNANCE DEVELOPMENT  
PROGRAMME**

**CONFIDENTIAL**

Date of application: .....

*Application Form to be completed by the applicant*

**To be sent to:**

Alison Gibb  
c/- JerseyNZ  
290 Tristram Street  
PO Box 1132  
Hamilton, 3240  
**email to: [info@jersey.org.nz](mailto:info@jersey.org.nz)**

**PURPOSE**

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

***Please include 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**

Postal Address: .....  
*include postcode*

Residential: .....  
*if different*

Home Phone: .....

Business Phone: .....

Mobile: .....

Email: .....

**Status**

Are you a citizen of NZ? Yes / No

Are you a member of JerseyNZ? Yes / No

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

**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)**

.....  
.....  
.....  
.....

**List below any other relevant training**

.....  
.....  
.....  
.....

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

.....  
.....  
.....

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

.....  
.....  
.....  
.....



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

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

---

**Referees** Give details below of at least two referees:

**Name 1:** .....

Relationship: .....

Address: .....

Phone: .....

**Name 2 :** .....

Relationship: .....

Address: .....

Phone: .....

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

Signature: ..... Date: .....  
*If yes*

**Declaration**

I (full name) ....., declare that, to the best of my knowledge, the answers in this application are correct.

Signature: ..... Date: .....

