**PPTC WELLINGTON CENTRE BASED COURSES - APPLICATION FORM**

To be completed by the interested trainee.

Please print in CAPITAL LETTERS

**Employer endorsement is required for all applications.**

**Email all application forms to: pptc@pptc.org.nz**

**PERSONAL DETAILS**

1. **Please write your name in full**

Family name

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| --- |
|  |

First or Given Names

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| --- |
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**2. Gender: Male**  **Female**

**3. What is your nationality and country of birth?**

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**4.**

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| --- | --- | --- |
| **Date of Birth:**  Day Month Year | | |
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**5. Your Postal address:**

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*(please include your country code)*

Telephone Number:

Fax Number:

Email:

1. What is your passport number?
2. What date does it expire?
3. Emergency contact details:

Name:

Address:

Telephone Number:

Email address:

1. What relationship is this person to you? [for example: wife, husband, mother]

**STUDY INFORMATION**

1. Name of course you wish to attend?

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1. Who is your sponsor for this course?

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1. Education Record
   1. Post-primary (or secondary) schooling

Examinations passed

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* 1. (1) Tertiary Schooling (University, Technical Institute, Training School)

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| --- | --- | --- |
| Name of institution | Location | Years attended  From: To |
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(2) Please give details of subjects studied.

The level of study (1, 2, 3 year) and degrees/diplomas obtained and the marks/grades.

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| --- | --- | --- |
| Subjects studied | Level obtained | Marks |
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Previous PPTC training – please list down the courses you have previously attended, provided by the PPTC.

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| --- | --- | --- |
| Course/ Workshop Title | Year Attended | Sponsor Name |
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**EMPLOYMENT RECORD**

Please give details of your current Employer and details of your previous **two workplace**.

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| --- | --- | --- | --- |
| Name of employer | Your position/title | From | To |
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Employment record continued

Please use this space if required to write details on your work experience.

**STATEMENT**

1. Please describe the work you are presently employed in.
2. What is the work you expect to be doing after you have finished your training in New Zealand?
3. How will the training you wish to do in New Zealand benefit you personally and help you in your current workplace?

**Signature of Applicant: Date:**

**APPLICATION APPROVAL**

**As employer I endorse this application for study and training for the applicant.**

**Name:**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Job Title:**

**Email Address:**

**Contact Phone Number:**

**Organisation:**