



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

First or Given Names

2. Gender: Male Female

3. What is your nationality and country of birth?

4.

Date of Birth:		
Day	Month	Year

5. Your Postal address:

(please include your country code)

Telephone Number:

Fax Number:

Email:

6. What is your passport number?

7. What date does it expire?

8. Emergency contact details:

Name:

Address:

Telephone Number:

Email address:

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

STUDY INFORMATION

10. Name of course you wish to attend?

11. Who is your sponsor for this course?

12. Education Record

a. Post-primary (or secondary) schooling

Examinations passed

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

Name of institution	Location	Years attended	
		From:	To

(2) Please give details of subjects studied.

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

Subjects studied	Level obtained	Marks

Previous PPTC training – please list down the courses you have previously attended, provided by the PPTC.

Course/ Workshop Title	Year Attended	Sponsor Name

EMPLOYMENT RECORD

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

Name of employer	Your position/title	From	To

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:

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