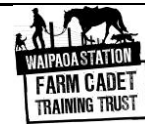


**WAIPAQA STATION FARM CADET TRAINING TRUST**  
**CADETSHIP APPLICATION**



Training Manager, WSFCTT  
P – Bag 37003  
Te Karaka 4042, Gisborne

**Purpose and Confidentiality:**

- This information is collected for the purpose of assessing your suitability for a position as a training cadet and will not be passed on or used for any other purpose without your consent. This form must be completed in the applicant's own writing. Please provide complete information for each question unless otherwise advised, regardless of whether or not you consider it relevant to the cadetship position applied for. **Please provide 8 copies of your CV, including this application form.**

Please tick here if you are happy for us to pass your information on to other training providers, or potential employers, should you be unsuccessful with this application.

- If you would like your CV returned, please provide a pre-paid envelope.
- If your application is successful this form will be retained on your personal file. If unsuccessful it, along with your other application documents and CV, will be destroyed after one month of appointment of the successful applicants.

**Your access to this information:** You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.

**SECTION 1 - PERSONAL INFORMATION (Please print)**

First name(s): \_\_\_\_\_ Family name: \_\_\_\_\_

Preferred name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Residential Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Address : \_\_\_\_\_ Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Home email : \_\_\_\_\_

Personal phone: \_\_\_\_\_ Personal email: \_\_\_\_\_

(Please circle one)

Current year at secondary school: 11/12/13

Please provide a copy of your two most recent school reports and if you are year 12 or 13 please provide a print out of your NCEA results to date.

NCEA subjects and credits achieved, and currently studying:

Year 11 \_\_\_\_\_

Year 12 \_\_\_\_\_

Year 13 \_\_\_\_\_

Other qualifications (e.g. unit standards): \_\_\_\_\_

Interests in Agriculture:  
\_\_\_\_\_

Sports and other interests: \_\_\_\_\_

**SECTION 2 - GUARDIAN INFORMATION (Please print)**

Full name of Parent(s) or Legal Guardian (s)

Occupation

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_

(If different from section 1)

Residential/Postal Address: \_\_\_\_\_

Town: \_\_\_\_\_

Postal Address : \_\_\_\_\_

Ph: \_\_\_\_\_ Email : \_\_\_\_\_

Fax: \_\_\_\_\_ Mobile Ph: \_\_\_\_\_

**SECTION 3 – REFEREES**

Please give details of (4) referees that you authorise us to contact and supply a reference from each;

- Two secondary school referees from the school you last attended, years twelve &/or thirteen
- Two workplace referees for whom you have worked

**Note: The Waipaoa Training Trust reserves the right to approach other individual(s) who may have knowledge of the applicant for information that will assist the Trust in making the appointment decision.**

**School Referees:**

**1)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name: \_\_\_\_\_ Year of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Phone No: \_\_\_\_\_

**2)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

School Name: \_\_\_\_\_ Year of contact: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Workplace Referees:**

**1)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Name: \_\_\_\_\_ Your role: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Phone No: \_\_\_\_\_

2)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Business Name: \_\_\_\_\_ Your role: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Phone No: \_\_\_\_\_

**SECTION 4 – APPLICANT AUTHORISATION:**

Do you agree to verbal/written requests for further information being made of the following persons as to the accuracy of information contained in this application form or associated application documents, or any other matter relating to your suitability for training?:

Present/past School Personnel or Principal: Yes:  No:

Past Employer(s): Yes:  No:

**SECTION 5 – GENERAL INFORMATION:**

(Please circle one)

What is your drivers licence status? None/Restricted/Full

If yes, what class(es) \_\_\_\_\_ Licence No: \_\_\_\_\_

Have you ever been charged or convicted of a criminal offence? Yes:  No:

Have you attended a Waipaoa open day?: Yes:  No:

Have you visited Waipaoa at some other time?: Yes:  No:

**SECTION 6 - APPLICANT DECLARATION:**

**In signing this document I confirm that all information provided is factual and accurate as at the time of completion of this application form. If I am accepted as a cadet; I shall obey all rules and policies for cadets.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**SECTION 7 – CONSENT OF PARENT(S) or GUARDIAN(S)**

**I hereby consent to the above application and confirm that the following requirements have been completed and attached to each CV (so there are eight complete applications):**

- |   |   |
|---|---|
| <input type="radio"/> Completed application form    | <input type="radio"/> Introductory letter           |
| <input type="radio"/> Copy of birth certificate x 1 | <input type="radio"/> Passport sized photograph x 1 |
| <input type="radio"/> References x 4                | <input type="radio"/> Guardianship declaration      |

Signature(s) of Guardian(s) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

**SECTION 8 – GUARDIANSHIP AND HEALTH ACCORD**

(Principal guardians full name)

I \_\_\_\_\_ in signing this declaration form hereby acknowledge that I have read and understand the provisions of this document as outlined in section ten (a).

(Circle one)

I therefore authorize the transfer of the responsibility of temporary guardianship of my *son/daughter* named \_\_\_\_\_ over to the Waipaoa Station Farm Cadet Training Trust while participating in any programme activity; as outlined in section ten (b).

(Circle one) (Circle one)

Also in signing this document I acknowledge that my *son/daughter* *does/does not* have a learning impediment, severe allergic reaction, health or behavioural condition that, may need specialist management or could result in an adverse reaction to contact with animals, biting/ stinging insects, weather elements or the physical demands of farm work activity.

**Note;** if one or more of the above mentioned conditions exists; please state details below.

Condition/s: \_\_\_\_\_

Details of management practices or emergency first aid specific to this matter:

\_\_\_\_\_

Name and contact details of doctor familiar with this condition, if applicable:

\_\_\_\_\_

**The information supplied in this section will be treated as confidential and will enable training staff to provide support for the trainee that is specific to the condition/impediment outlined.**

**SECTION 9 – WAIPAOPA STATION FARM CADET TRAINING TRUST DECLARATION**

**The Waipaoa Station Farm Cadet Training Trust in jointly signing this document hereby agrees to take all practicable measures to uphold the provisions of the Health and Safety Act 1992 and sections 5, 6 and 7 of the contractual agreement with EIT Tairawhiti, in reference to trainee safety and wellbeing.**

**Signed:**

Applicants principal guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Waipaoa Training Manager: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

## SECTION 10 – DEFINITIONS

(a) “Temporary Guardianship” for the purpose of this document refers to the responsibility for the pastoral care and health and safety of trainees while on Waipaoa Station or engaged in any off-site programme activity. ***The exclusion to this is off-site personal time, such as weekend and holiday activities***, where the onus of responsibility for personal safety and wellbeing lies solely with the trainee.

(b) “Programme Activity” is any form of physical activity, social participation or interaction by trainees in accordance with the Waipaoa training programme curriculum.

Coverage includes: Off-site field trips, on-farm practical work, training activities and ***on-site personal time***.