



Department Code	FOR OFFICE USE ONLY	Student ID Number

Youth Guarantee Scheme Application Form

Please complete and return this form to: Customer Services, Freepost, Otago Polytechnic, Private Bag 1910, Dunedin 9054



1) Proposed Study

Please name the Otago Polytechnic Youth Guarantee Scheme programme you are intending to enrol in:
(The list of eligible programmes can be found on our website and in the Application Guide).

Programme Name: _____

If your programme has no places available, and if you would be interested in applying for another programme, please state your preference below:

Programme Name: _____

2) Personal Information

Family Name: _____

Given Names: _____

Postal Address: _____

Email: _____

Phone (Home): _____

Phone (Mobile): _____

Date of Birth: _____

School You Last Attended: _____

Last Date of Enrolment at that School: _____

NZQA Number: _____

EMERGENCY CONTACT

In an emergency, who do you want us to contact?

Name: _____

Relationship: (e.g. Friend, Mother, Whānau Member) _____

Telephone: (0) _____

Phone (Mobile): _____

Are you a New Zealand Citizen or a Permanent Resident?

Yes No

3) Ethnicity

With which ethnic group(s) do you identify? (You can tick up to 3 boxes)

NZ Māori

Please state ALL Iwi to which you affiliate.

_____	_____	_____	_____
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NZ European/Pakeha

Cook Island Māori

Indian

British/Irish

Tongan

Sri Lankan

Dutch

Niuean

Japanese

Greek

Tokelauan

Korean

Polish

Fijian

Other Asian

South Slav

Other Pacific People's

Middle Eastern

Italian

Phillipino

Latin American

German

Cambodian

African

Australian

Vietnamese

Other

Other European

Other Southeast Asian

Not Stated

Samoan

Chinese

DATE STAMP

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4) Secondary Education

Please write down your secondary school academic record (including details of the highest level you have gained in NCEA, National Qualifications Framework Unit Standards, or other). You may attach a separate sheet if necessary.

5) Career Aspirations

List three reasons why you are interested in the programme you are applying for, and/or the related career:

Describe the skills, and experiences you have had that will help you succeed in this programme:

Please provide details of two referees:

Name _____

Name _____

Phone _____

Phone _____

6) Support (This information is confidential)

Extra support is available for students with medical conditions, disabilities and/or learning difficulties.

Please specify the type of injury, illness or disability you have?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Blind | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Physical/Mobility |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Vision | <input type="checkbox"/> Speech | |
| <input type="checkbox"/> Temporary Impairment | <input type="checkbox"/> Medical (Please Specify) | <input type="text"/> | |
| <input type="checkbox"/> Specific Learning | <input type="checkbox"/> Other (Please Specify) | <input type="text"/> | |

In an Emergency, would you require help to leave the building?

- Yes No

Is English your first language?

- Yes No (If "No" please specify what language):

7) Declaration

DECLARATION BY THE APPLICANT AND THE APPLICANT'S PARENT OR LEGAL GUARDIAN:

I have read and understood the application guidelines and declare, that to the best of my knowledge, the information provided is true and correct.

Signed: _____

Date: _____

(Applicant)

Signed: _____

Date: _____

(Applicant's Parent or Legal Guardian)