



Future Farmer Programme APPLICATION FORM 2009

Landcorp Farm Training Centre –Taupo

Please complete and return by 30 November 2008 to:

Phone: 0800 475 455

Fax: 06 323 9514

email: agnztraining@pggwrightson.co.nz

**Future Farmer Programme
Agriculture New Zealand
Private Bag 10-002
FEILDING**

PERSONAL DETAILS			
	<i>Last Name</i>		
	<i>First Name(s)</i>		
<i>Date of birth:</i>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 19 <input type="text"/> <input type="text"/>	<i>Male</i> <input type="checkbox"/>	<i>Female</i> <input type="checkbox"/>
	<small>day month year</small>		
<i>Home Address</i>		<i>Postal Address: (if different from home address):</i>	
<i>Phone - Home: ()</i>		<i>Phone – Mobile:</i>	
<i>Fax: ()</i>			
CITIZENSHIP AND RESIDENCY:			
Tick the box which best describes your citizenship or permanent residency status.			
<i>New Zealand Citizen</i> <input type="checkbox"/>		<i>Australian Citizen</i> <input type="checkbox"/>	
<i>New Zealand Permanent Resident</i> <input type="checkbox"/>		<i>Other (please specify)</i> <input type="checkbox"/>	

FEE SCHOLARSHIP			
Do you wish to apply for the Landcorp Fee Scholarship? Yes <input type="checkbox"/> No <input type="checkbox"/>			
DECLARATION			
Declaration – I declare that to the best of my knowledge all the information supplied on this application form is true and complete.			
_____		_____/_____/_____	
<i>Signature</i>		<i>Date</i>	

Office Use Only:

Received by Head Office:	& receipt sent to applicant _____	_____
		<i>Signature</i>
Sent to Selection Panel _____/_____/_____		_____
		<i>Signature</i>
Applicant Accepted: Yes / No	Waiting List number: _____	
Comments:		

EDUCATION

What was your last year at secondary school?

What is the highest academic award you hold from a secondary school?

Tick only one box.

No secondary qualification

Overseas Award

Secondary

Details: _____

NZQA Number _____

EMPLOYMENT

Have you ever worked before? YES NO

If yes, give us some details:

Employer	What Were You Doing?	Why Did You Leave?
1		
2		

What have you learnt from the jobs you have held?

Have you had any practical farming experience? YES NO

If yes, provide some details.

What is your greatest ambition? Where would you like to be in 1-2 years time?

FUTURE FARMER TRAINING PROGRAMME

How did you hear about Future Farmer?

What is your understanding of how Future Farmer runs?

What are you hoping to gain by completing Future Farmer?

FAMILY

Do you live with your parents/family or independently? _____

If at home, have you ever lived away from home before? YES NO

Tell us about your family:

How do you & your family feel about you living & training away from home for 1 year?

INTERESTS / HEALTH / GENERAL

What interests do you have? Do you play any sport or have you in your recent past?

Do you have a Driver's Licence? YES NO

If yes, what type? Learner's Restricted Full

Are you working towards getting a driver's licence? YES NO

Do you have your own car? YES NO

Do you smoke? YES NO

Have you been in trouble with the Police in the last 3 years? YES NO

If yes, tell us about it. _____

How would you rate your level of reading and writing?

	Poor									Excellent
Reading	1	2	3	4	5	6	7	8	9	10
Writing	1	2	3	4	5	6	7	8	9	10

REFEREE

Who could we contact for a reference about you? (not an immediate family member)

Name _____

Relationship _____

Phone _____

STUDENT MEDICAL QUESTIONNAIRE

Do you suffer (or have you ever suffered) from:

- Epilepsy or blackouts? YES NO
- Diabetes? YES NO
- High Blood Pressure? YES NO
- Heart Complaints? YES NO
- Anxiety / depression? YES NO
- ADHD? YES NO
- Other psychological disorders? YES NO
- Asthma / bronchitis? YES NO
- Reactions to stings / bites? YES NO
- Other Allergies? YES NO
- Hepatitis A or B? YES NO
- Colour blindness? YES NO
- Any other ailments? YES NO
- Fear of heights? YES NO

Details (how bad)

Have you ever had an injury, strain or pain:

- to finger/wrist? YES NO
- to neck, shoulder, back? YES NO
- to limbs? YES NO

Details (how bad)

Have you ever had:

- An ACC claim for any injury? YES NO
- Skin rashes, dermatitis, eczema? YES NO
- Other medical/health problems? YES NO

- Do you smoke?** YES NO

If you are currently being treated for any health problem, please give details below:

Do you need to have your medication with you?

- YES NO **Details:**

I acknowledge that I currently have no work related injury or ACC claim that would preclude me from carrying out the training and tasks I would be required to perform as a trainee on this programme.

I acknowledge that the personal information supplied in this form is obtained for the purposes of protecting my health and safety while attending this training programme'

I declare to the best of my knowledge the answers to the questions in this Health assessment are correct and I understand that if any false information is given or material fact suppressed, my inclusion in some parts of this programme may be at risk.

Signed _____ (applicant) Date _____