

## National Certificate in Goods Services Student Application Questionnaire

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

*Please answer the following questions, to the best of your ability, in your own handwriting. There are no right answers for these questions. The purpose is to give us an insight into your level of prior learning as it relates to this programme.*

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1. In what way have your experiences so far equipped you for this programme?

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2. What interests you about this programme?

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3. What special strengths will you bring to this programme?

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4. What are your weaknesses?

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5. What do you hope to gain from this programme?

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6. How many hours of study outside class time do you expect to do each week?

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7. On a scale of 1 to 5, indicate how confident you are working in a group environment.

*Very Confident*                      *Not Confident At All*  
1      2      3      4      5

8. How well do you communicate and relate to people?

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9. What is your present situation? (*eg at school, working*)

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10. List any personal interests, sporting activities, hobbies, and social or community activities.

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**Driver/Operator Licences:**

To enrol on the National Certificate in Goods and services course you will have had to hold your full class 1 licence for a minimum of 6 months.

Tick the driver/operator licences you currently hold, and when you gained them? If you can't remember exactly when you gained the licence, please estimate.

✓	<i>Licence</i>	<i>Date Gained</i>
	1	
	2	
	3	
	4	
	5	
	6	
	F	
	D	
	W	
	T	
	R	

Have you ever lost your driver's licence?

Yes     No    (Please tick)

If yes what for? \_\_\_\_\_ Lost for how long? \_\_\_\_\_

When did you lose your licence? \_\_\_\_\_ If you have lost your licence more than once, how many times have you lost it? \_\_\_\_\_

Do you currently have demerit points against your licence?

Yes     No    (Please tick)

If yes, how many points? \_\_\_\_\_ for what offence? \_\_\_\_\_

**Please include a copy of your drivers licence with this form.**

**Employment Record:**

*Please state any part time and/or full time, including holiday employment, work-based training and voluntary work.*

<i>Employer's Name</i>	<i>Address</i>	<i>Type of Work</i>	<i>Dates From - To</i>	<i>Full or Part Time</i>

**Referees**

*Please provide the names of two referees who may be contacted by us.*

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

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

Telephone: Day (0 ) \_\_\_\_\_ Night (0 ) \_\_\_\_\_

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

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

Telephone: Day (0 ) \_\_\_\_\_ Night (0 ) \_\_\_\_\_

**Offences:**

Have you been convicted of a criminal offence within the past ten years, or are you currently being charged with a criminal offence?

Yes  No (Please tick)

**DECLARATION**

I certify that the details given on this form are correct and that, if accepted for this programme, I will observe such rules and conditions as may be required by Tai Poutini Polytechnic.

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