

Application Form

Selwyn Trailblazers Internship



Please submit this Application by 31 March 2022.

trailblazers@selwyn.govt.nz

Full name: _____ Known as: _____

Date of birth: _____ Age: _____ Phone number: _____

Gender: ☐ Male ☐ Female ☐ Other

Address: _____

Email address: _____

SWN (Client number, requested from MSD): _____

If you do not have one, you can obtain one on line www.workandincome.govt.nz/online-services/swn/request-client-number.html

Ethnicity: ☐ Māori ☐ NZ/European ☐ Pasifika ☐ Other _____

Do you have New Zealand citizenship, have permanent residency or refugee status: ☐ Yes ☐ No

Applications should be received from New Zealand citizens, residents or individuals with refugee status. You should be a Selwyn resident (for Māori applicants this may include provision for those whose whakapapa is with local Iwi/marae). There is a particular focus on young people 18–24 years, Māori, Pasifika and women, who are:

- registered with MSD as a Job Seeker (note: the Job Seeker is not required to be in receipt of a benefit or receive financial support from MSD), or
- in receipt of sole parent support, or
- in a form of paid employment which is part-time or casual (i.e. underemployed)

*Applications from **Selwyn residents** over the age of 24 years will be considered if space is available and they meet the criteria.*

CRITERIA

Are you between the ages of 18-24 years? ☐ Yes ☐ No

Are you registered with MSD as a job seeker? ☐ Yes ☐ No

Are you in receipt of sole parent support? ☐ Yes ☐ No

Are you working part time? ☐ Yes ☐ No

Are you enrolled in any form of training or education? ☐ Yes ☐ No

CAREER INTERNSHIPS AVAILABLE WITHIN THIS PROGRAMME

Please number in order of preference 1–5 below, (1 being the internship you are most interested in, 5 being the least interested in)

Organising and delivering events (Large scale and small-scale public events)

☐

Running recreation programmes (Leisure industry and local government)

☐

Running a public facility (Community Centre/Facility)

☐

Organising and delivering community programmes and events

☐

Working in a library

☐

Application Form

Selwyn Trailblazers Internship

EMPLOYMENT, EDUCATION AND/OR TRAINING

Are you in a form of paid employment which is part-time (*Less than 30 hours per week*) or casual in nature? ☐ Yes ☐ No

If yes, please specify type of work: _____ Average hours per week: _____

Employer's name: _____ Business name: _____

Employer's address: _____ Employer's contact number: _____

Are you enrolled in any form of education or training? ☐ Yes ☐ No

If yes, please specify: _____

Name of education or training provider: _____

Address: _____

ABOUT YOU

What does this opportunity mean to you?

Tell us why you think you should be considered for this trailblazers programme?

CRIMINAL CONVICTIONS

Have you been convicted of any criminal offence (*not covered by the criminal records clean slate act 2004*) or are waiting the hearing of changes relating to any criminal conviction. Applicants with criminal offences against children will not be eligible for entry into the Internship programme. Please attach or supply evidence of any criminal history.

Do you have any criminal convictions: ☐ Yes ☐ No

If you answered 'Yes' to the question above, please provide relevant details here. If you have nothing to disclose, enter 'N/A'.

Application Form

Selwyn Trailblazers Internship

MEDICAL HISTORY

A Covid vaccination pass is required.

Do you have any medical conditions or are you on any medication which may effect your ability to effectively carry out the functions and responsibilities of the internship or which may be aggravated or further contributed to by the functions and responsibilities of the programme.

☐ Yes ☐ No

If your answer was yes please provide details here:

APPLICATION CHECKLIST

Please check that you have attached the following to your application:

- ☐ Evidence of criminal history (*if applicable*)
- ☐ Copy of your birth certificate, passport or drivers licence
- ☐ Proof of address (*confirmation of address by your school/tertiary provider, government agency or electrical bill or tenancy agreement in your name*).
- ☐ Copy of CV included if available

I confirm that the information I have provided is true, complete and correct ☐ Yes ☐ No

Signed _____ Date _____