



ANZ Young Skipper Scholarship Application Form

Please make sure that all the information that you provide in this Application is truthful, failure to do so could result in the termination of a scholarship. If you need assistance to complete this application form or have any questions regarding the Statutory Qualifications Scholarship please contact the Seafood ITO Vessel Operations Sector Manager.

Name.....

Residential Address.....

.....

.....

Postal Address (if different from above).....

.....

.....

Phone number.....

Email.....

Date of Application.....

Citizenship

To be eligible for the Statutory Qualifications Scholarship you need to be a New Zealand Citizen or have right of Residency in New Zealand

Are you a New Zealand Citizen? YES NO
If YES please provide a copy of your birth certificate and go on to next section

If NO answer the following question:
Do you have right of residency in New Zealand? YES NO
If YES please provide proof of New Zealand Residency

Work Experience

Please provide a copy of your Curriculum Vitae (CV) or describe the work experience you have had in the seafood industry, tell us the positions you have held, who you worked for and how long you held the position, and a description of your work

Position	Employer	Dates of employment	Description of work

Current qualifications (eg. Mate's Ticket, First Aid) Please provide details of the qualifications you have achieved to date

Qualification Training Provider	Dates of Completion	Description of Qualification

Current Employment

If you are currently employed and intend to remain employed during your training you need to obtain written consent from your employer. Please provide a letter from your employer demonstrating that they give their consent for your training.

Will you be receiving a wage from an employer while you are studying?

YES

NO

Sea Time

How much Sea Time do you have?.....

Do you have enough Sea Time to meet the entry requirements for your course?

YES

NO

Please provide proof of your Sea Time.

Referees

Please provide the names and contact details of two people who will give you a verbal reference. By supplying the details of the referees you are giving us permission to contact them to discuss your application.

Referee 1

Name:.....

Company:.....

Relationship to you:.....

Address:.....

.....

Phone Number:.....

Email Address:.....

Referee 2

Name:.....

Company:.....

Relationship to you:.....

Address:.....

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Phone Number:.....

Email Address:.....

If you have any written references please provide a copy of them with your application

Fit and Proper Person

Maritime New Zealand requires that people with seafaring qualifications undergo a Fit and Proper Person Assessment. To complete your qualification you will be asked to disclose information on:

- your history of compliance with any transport safety regulations in any country;
- your history of physical or mental health problems or serious behavioural problems;
- any drug or prescription medicine related convictions;
- any convictions for criminal offences; and
- any other relevant matter

For more details on Fit and Proper Persons go to the Maritime New Zealand website:
www.maritimenz.govt.nz

Is there any reason why you would not be assessed as a fit and proper person?

YES

NO

Please sign and date

I declare that all the information here is true and correct.

Signed.....

Date.....

Witness signature (required)

Signed.....

Date.....