The Fairlight Foundation Internship Application Form



Full Name

None

Full

Learners

Restricted

All information in this application and that provided by referees will be be kept strictly confidential and will be used for no purpose other than the selection process and The Fairlight Foundation's records.

Preferred Name Date of Birth

Residential Address

Postal Address if different from residential

Mobile Number Email Address

Drivers Licence Number

Are you a NZ citizen or permanent resident

Yes

No

Statement of Interest

Please explain in 250 words or less why you are interested in The Fairlight Foundation 12 month internship course

Education Information Please list all formal qualifications you have achieved including name of provider, qualification
achieved and date at both secondary and tertiary level.
Medical Information Do you have any medical conditions including allergies or any learning or physical impairments that may impair your ability to perform this internship? If Yes, Please state them below.
Legal Information Do you have any convictions including driving infractions? If Yes, please state them below.

Volunteer Work and Community Involvement

Please list any volunteer work and community involvement work you have participated in. Include the name of club/organisation/activity, your role and level of involvement and the date.

Referees Please provide the details of three referees. Include their full name, organisation they were involved with, their position at that organisation, your role/relationship with the referee and their mobile and email contact details.

Applicant Declaration

By ticking the box below, you are confirming that all the information you have provided is factual and accurate. You also give The Fairlight Foundation permission to contact all your referees and conduct a Police Check.

I Agree

Please email this completed Application Form and a copy of your latest CV to laura.koot@thefairlightfoundation.org