

## Certificate in Introductory Mining Skills (Surface Extraction) (Level 2) Student Application Questionnaire

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.

Name \_\_\_\_\_

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. What will you be doing if you do not gain a place on this programme?

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

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12. Please list the classes of licence that you hold and when they were achieved.

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**SECONDARY SCHOOL RECORD:**

Years at Secondary School: \_\_\_\_\_

Name of Secondary School(s): \_\_\_\_\_

Educational Level Reached: \_\_\_\_\_ Year: \_\_\_\_\_

<i>List of 5th, 6th &amp; 7th Form Subjects</i>	<i>School Certificate</i>		<i>6th Form Grades</i>	<i>UE Marks Acc</i>	<i>HSC Grades</i>	<i>Bursary Marks</i>
	<i>Marks</i>	<i>Grades</i>				

**FURTHER EDUCATION:**

List all courses taken and state the level of achievements/certificates, eg St John's First Aid.

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**EMPLOYMENT RECORD:**

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

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

**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)

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REFEREES:**

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

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

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

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

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

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

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

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

**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: \_\_\_\_\_