

STAR Programme Application Form

AIRWAYS TRAINING

WORK EXPERIENCE PROGRAMME



AIRWAYS
making your world possible

AIRWAYS TRAINING

Email
trainingadmin@airways.co.nz

Tel
+64 (3) 3570341

Website
www.airways.co.nz

Address
26 Sir William Pickering Dr,
Burnside, Christchurch 8053,
New Zealand

ADVICE TO APPLICANTS

Hints for successfully completing the application form

- To access, view, download, complete and print fillable forms you will need to use Adobe Acrobat Reader 5.0 (or later). Adobe Acrobat Reader is available for free and can be downloaded from the following web site: <http://www.adobe.com/products/acrobat/readstep.html>
- After completing the form, you must first print and later sign the form. At this time, all signatures, where required, must be hand written on the form. Signature blocks are not fillable via your keyboard.
- After printing and signing the form, scan and save as a signed copy to your local hard drive, and submit both the signed copy and the digital copy to trainingadmin@airways.co.nz
- We strongly recommend that you print two copies of the filled-out form: one copy to submit and another copy for your personal records.
- Add appropriate attachments to the email and send. This should be sent to trainingadmin@airways.co.nz
- Please check your sent items to ensure your application has been submitted.
- Should you have difficulty in submitting this form, please email trainingadmin@airways.co.nz

PERSONAL DETAILS

First Name

Last Name

Street Address

Suburb

Town/City

Country

Postcode

Telephone

Mobile

Email (Notification will be made by email)

PREVIOUS WORK EXPERIENCE

Organisation Name

Position

From

(mm/yy)

To

(mm/yy)

Description (i.e. type of work)

Organisation Name

Position

From

(mm/yy)

To

(mm/yy)

Description (i.e. type of work)

Organisation Name

Position

From

(mm/yy)

To

(mm/yy)

Description (i.e. type of work)



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ACADEMIC BACKGROUND

Name of Institution

Qualification(s) Achieved

Specialisation(s)

Year begun

Year completed

Name of Institution

Qualification(s) Achieved

Specialisation(s)

Year begun

Year completed

OTHER SKILLS AND ACHIEVEMENTS

Please list any other skills or achievements you would like us to know about.

(e.g. awards, language proficiencies, leadership positions, community service)



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ADDITIONAL INFORMATION

Please briefly explain why you would like to participate in the Airways Training Work Experience programme.

Are there any particular skills that you would like to develop during your work experience at Airways Training?

ANY OTHER COMMENTS

REFeree DETAILS

First Name	Last Name
Telephone	Mobile
Email <i>(Notification will be made by email)</i>	Relationship to You

First Name	Last Name
Telephone	Mobile
Email <i>(Notification will be made by email)</i>	Relationship to You



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CHECKLIST

I have attached/included copies of my academic transcripts, degrees and diplomas with this application form (if applicable).

I have attached/included copies of my CV and cover letter.

I have completed the Referee Details section.

DISCLOSURE OF INFORMATION

I consent to:

1. The disclosure of personal information given on this form to Airways Training Management, for purposes related to my application for a scholarship.
2. The publication of my name and details of any scholarship which I may be awarded, together with any optional personal information which I may provide for this purpose.

Airways Training undertakes to store your application in a secure place in the event that you are successful in gaining an award, and to destroy your application to preserve its confidentiality in the event that you are unsuccessful in gaining an award.

Should you have reason to believe that information held about you in your application is incorrect, you have the right of access to, and correction of, that information.

I agree to the above conditions in respect of my scholarship applications administered through Airways Training.

DECLARATION

The information set forth in this application is, to the best of my knowledge, true and complete.

(Please print and sign your name and the date)

Applicant's Signature

Date (dd/mm/yy)