



TIROA E & TE HAPE B TRUSTS Skills/Qualifications Questionnaire

Respondent Details

Name _____

Contact Phone Number/s _____

Address _____

Email Address _____

Gender

Male

Female

Age

0 – 20

21 – 40

41 – 60

60+

Are you a Shareholder in either Trust

Yes

No

If no, please provide details of relationship with Tiroa E or Te Hape B Trusts: (eg – child/grandchild of a shareholder etc). Please also provide shareholders name.

Preferences

Tenure

Permanent

Casual

Contract

What type of work are you interested in (you may tick more than one):

Permanent Farm Work

Casual Farm Work (Docking, Spraying, Fencing etc)

Trades (building, plumbing, electrical, painting, handyman, engineering etc)

Social Services

Catering / Food Industry

Horticulture

Accountancy / Administration

Legal

Tourism

Cleaning (commercial or general)

Other – please specify _____

Education / Skills / Qualifications

Please provide details of Education and Qualifications Obtained

Name of School/Institute/University

Qualifications Obtained

_____	_____
_____	_____
_____	_____
_____	_____

Trade / Occupational Qualifications and Experience

Please provide any knowledge / skills and experience you have which may be relevant to your preferred position

Health Issues

Do you currently have or have had any of the following health conditions? Yes No

If 'Yes' please tick

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Arthristis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Back Pain / Strain |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Carpal Tunnel | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy / Fits | <input type="checkbox"/> Glandular Fever | <input type="checkbox"/> Hay Fever / Sinus | <input type="checkbox"/> Hearing Loss |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Hernias | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Pleurisy | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Ulcers | |

Please list any other conditions that may affect your ability to carry out functions of your preferred position:

General

Do you hold a current full New Zealand Driving Licence?

Yes

No

If 'Yes' what classes do you hold? _____

Please list your Personal Interests / Hobbies _____



Please add any further comments you think may be relevant:
