

## **Certificate in Automotive Trades Student Application Questionnaire**

Nai	me:
Imp	portant Notes
$T_{i}$	his form <u>MUST</u> be fully completed and <u>returned</u> with enrolment form.
The	ease answer the following questions, to the best of your ability, in your own handwriting, ere are no right answers for these questions. The purpose is to give us an insight into your el of prior learning as it relates to this programme.
1.	In what way have your experiences so far equipped you for this programme?
2.	What interests you about this programme?
3.	What special strengths will you bring to this programme?
4.	What are your weaknesses?

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	Very Confident			Not Confident At All		
		1	2	3	4	5
How well do yo	u communi	cate and	l relate	to peop	le?	
Describe your a	bility to fol	low inst	ruction	s.		
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					g: remen	nbering instructions, reading o
writing? (We ca	n provide y	ou with	assista	nce)	g: remen	nbering instructions, reading o
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writing? (We ca	n provide y No	ou with	(Pleas	nce) e tick) e confid		
Yes  f yes, please pro	n provide y No	ou with	assista (Pleas will be n time?	nce) e tick) e confid		
Yes  f yes, please pro  Do you turn up  Never	n provide y  No  ovide details  for appoint	ou with  s (which	assista (Pleas will be n time?	nce) e tick) e confid	ential): _	
Yes  f yes, please pro  Do you turn up	n provide y  No  ovide details  for appoint	ou with  s (which	assista (Pleas will be n time?	nce) e tick) e confid	ential): _	

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

Address	Type of Work	Dates	Full or Part
		From - To	Time
	Address	Address Type of Work	

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OFFENCES:						
Have you been charged with a			offence w	vithin the past ten years, o	or are you curre	ntly being
	l'es	No	(Please ti	ick)		
If yes, please p	rovide	e details (which will	be confid	lential):		
<b>REFEREES:</b> Please provide	the n	ames 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 cop	y of your drivers li	cence wi	th this form.		
DECLARATI	<u>ON</u>					
•		_		rect and that, if accepted red by Tai Poutini Polytec		ıme, I will

O'			
Signature: Date:	Signature:	Date:	

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