

## Certificate in Automotive Trades Student Application Questionnaire

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

### *Important Notes*

***This form MUST be fully completed and returned with enrolment form.***

*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.*

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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. 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

6. How well do you communicate and relate to people?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Describe your ability to follow instructions.

\_\_\_\_\_

\_\_\_\_\_

8. Do you have any difficulties with your learning e.g: remembering instructions, reading or writing? (We can provide you with assistance)

Yes       No      (Please tick)

If yes, please provide details (which will be confidential): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Do you turn up for appointments on time?

Never       Sometimes       Always

10. Are you well organised

Never       Sometimes       Always

**EMPLOYMENT RECORD:**

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

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


**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 (which will be confidential): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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