

## Certificate in Infrastructure Application Questionnaire

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*Please answer all of the following questions to the best of your ability in your own handwriting. The purpose of this questionnaire is to provide us with an insight into your level of prior learning and experiences as they relate to this programme and the industry for which you will be training.*

**Name:** \_\_\_\_\_  
(Surname) (First Names)

**NEXT OF KIN**  
(Someone with a close relationship to you)

**Name:** \_\_\_\_\_  
(Surname) (First Names)

**Relationship to you:** \_\_\_\_\_

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

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

**Circle the Civil Plant venue you wish to attend:**

Auckland      West Coast



## Section B: Medical expectations

Do you have a medical or physical condition that could prevent you from operating fully in this physically demanding programme and industry      No      Yes

*If you have answered yes to the above question please provide an explanation:*

## Section C: Criminal offences

Have you been convicted of a criminal offence in the last ten years, or are you currently being processed for a criminal offence?      No      Yes

*If you have answered yes to the above question please provide an explanation:*

## Section D: Learning

Do you have any difficulties with learning e.g. remembering instructions, reading or writing?

No

Yes

*If you have answered yes to the above question please provide an explanation:*

**What attracts you to this programme?**

### Declaration

I certify that the details provided in this form are correct. I also agree, if I am accepted for this programme, I will observe all rules and conditions as may be required by Tai Poutini Polytechnic.

**Signature:**

**Date:**

**Contact Civil Plant:  
0800 TPP INFO**