

To help you complete this application, refer to the supporting guidance <https://www.sitesafe.org.nz/>.
When complete, please send the application to: scholarships@sitesafe.org.nz.

● ○ ○ ○ SECTION ONE

Nominee Details:

This section is to be completed by the individual applying for scholarship.

Legal Name(s):

Surname/Family Name(s):

Preferred Name(s):

Preferred Surname/Family Name(s):

Previous Name/s Known By:

Previous Surname/s Known By:

Date of Birth:

Company Name (if applicable):

Address:

Site Safe ID Number (if known):

Personal Email:

Personal Phone Number:

Work Email:

Work Phone Number:

Which is your preferred email for us to contact you by:

Personal Email

Work Email

Country of Citizenship:

New Zealand Citizen

Residence Class Visa

Work Visa

Student Visa

Other

Please indicate your employment status:

Site Safe wants to know if you are a sole trader or an applicant without employment support. This helps our selection panel understand that they may need to assess your application differently from other applicants.

Company Name:

Current Employment Status:

Employed

Self-Employed or Sole Trader

Apprentice/Student

Other

Position in Company (If Applicable):

Worker/Employee

Manager

Health and Safety

Supervisor

Business Owner

Other

Please indicate which scholarship you are applying for:

Please let us know which scholarship you are applying for, you can select more than one.

Maori

Under 25

Accessibility

Pasifika

Women in Construction

Open
(any age, gender or ethnicity)

If selecting Maori, please indicate your iwi, hapu or marae:

If selecting Pasifika, please indicate which island group(s) your family is from:

If selecting Accessibility, please select all that apply:

- English for Speakers of Other Languages (ESOL) Neurodiverse Disability Other

Please include any relevant information:

Please list any qualifications you have gained (e.g. None, NCEA/School Certificate, Trade Certificate, Degree etc.)

For the following section, we want to hear from you in your own words. Don't worry about spelling or punctuation - what matters most is the message you're sharing.

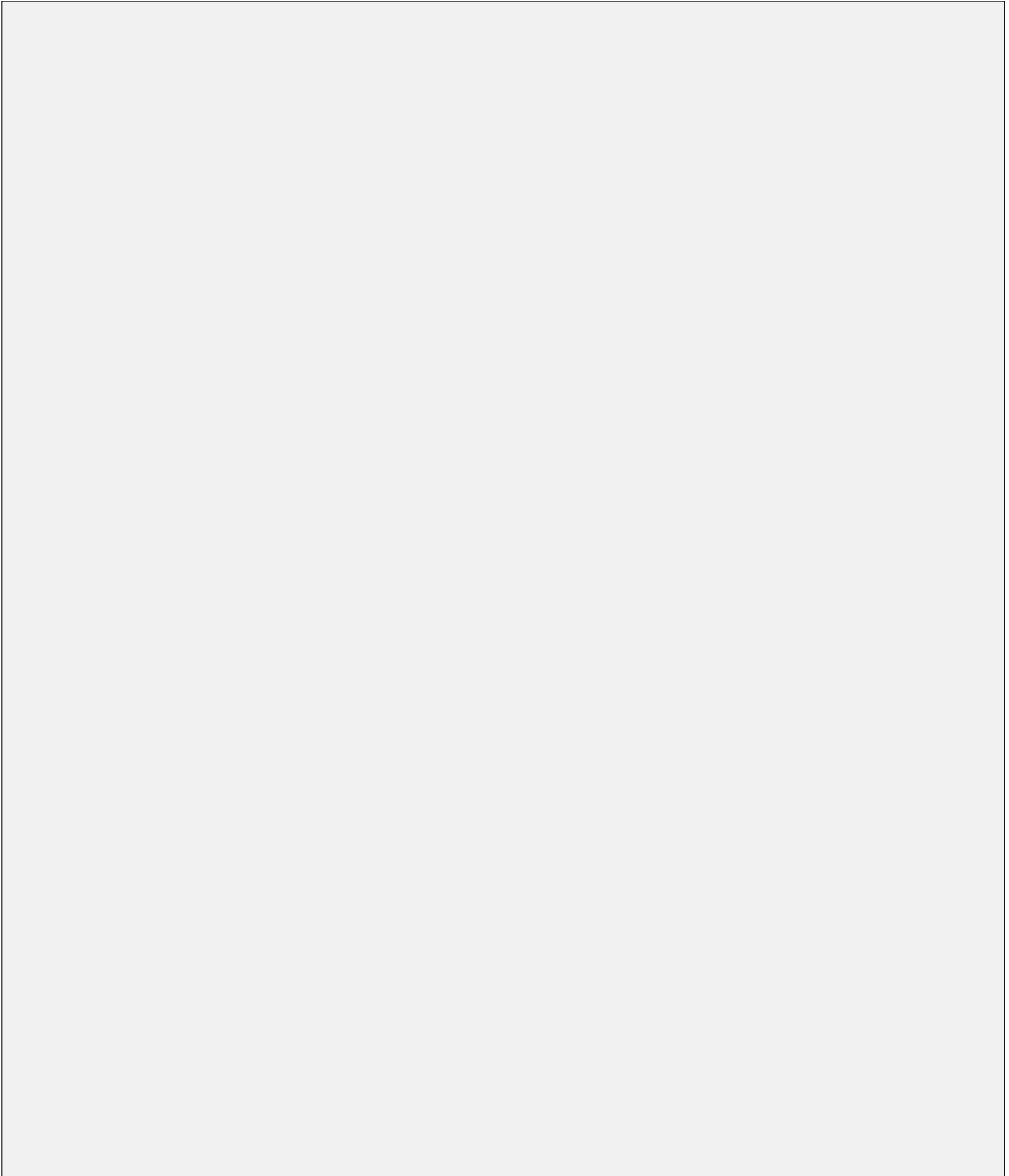
To ensure fairness, applications that are generated using AI will not be accepted.

Health and Safety:

Share one or more examples of situations when you found a safer way to work:

In your answer, please explain:

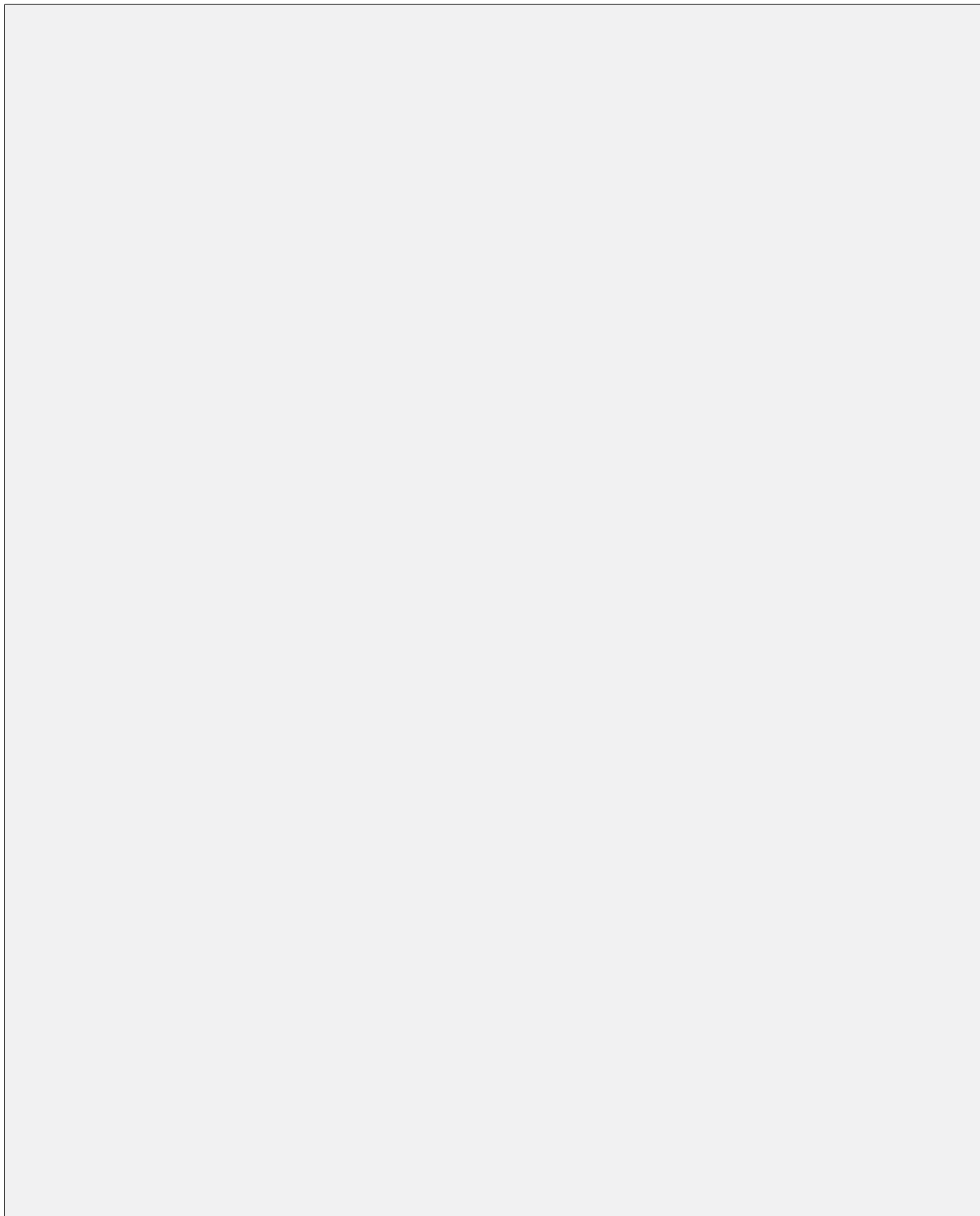
- What the issue was.
- What action you took.
- Why you took this action.
- How successful it was.



Describe some qualities and skills that a health and safety leader should demonstrate.

In your answer, please tell us:

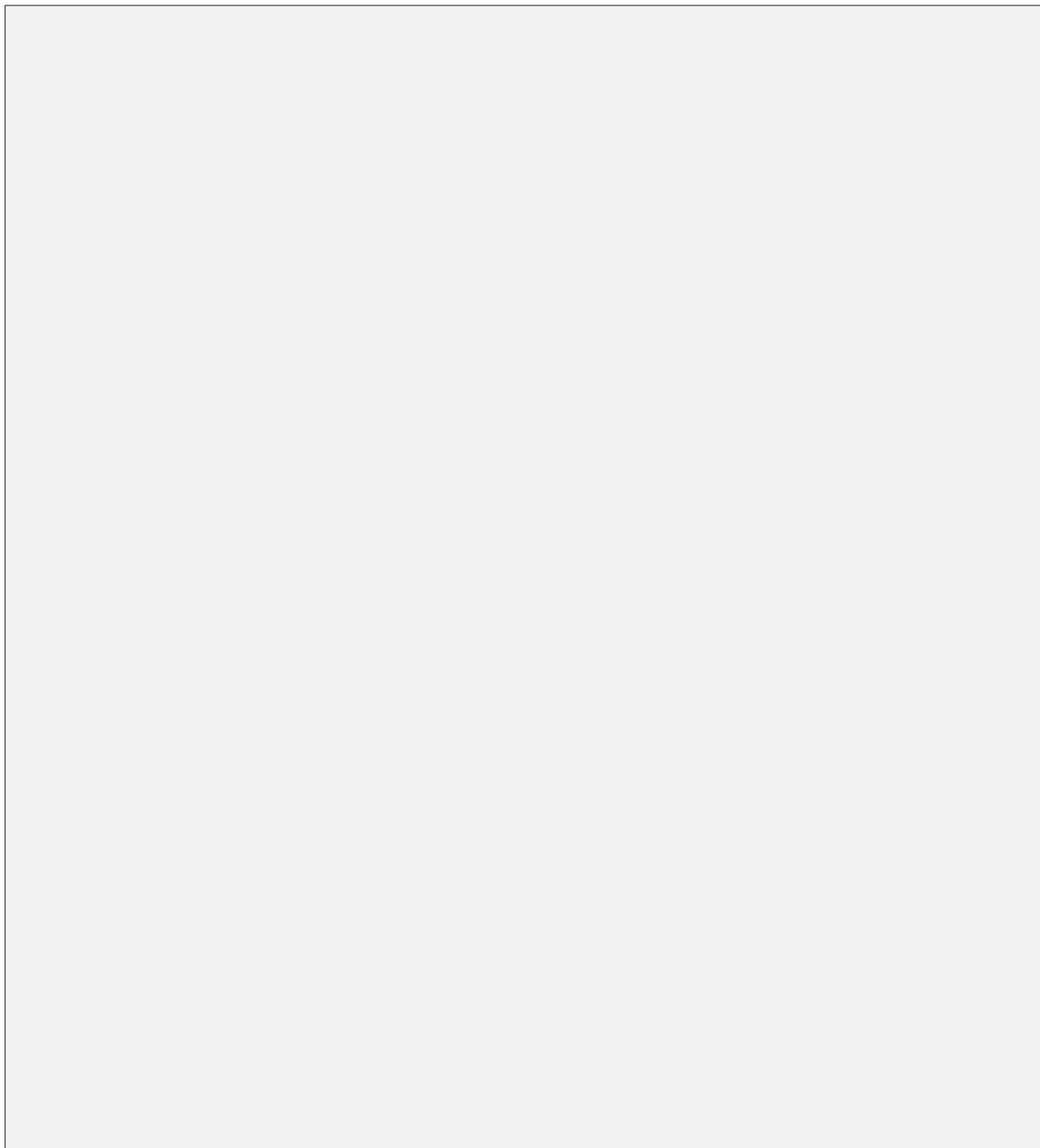
- Why these qualities and skills are important.
- What qualities and skills you would like to develop.



What communities do you belong to, and how would you receiving the scholarship support them?

In your answer, please tell us:

- What community/-ies you are a part of? (This could be a sports club, church, hapu, or any other community outside of work).
- If you have supported or mentored others in your community/-ies.
- If you have had to manage any challenges or obstacles, and how you have managed them.
- How you celebrate success and lift morale.



**Supporting Documents**

If you want to provide additional information to support your application, please complete the following section.

Have you attached supporting documents?

Yes No

If yes, please complete the following table with the document titles and a short description:

Document Title	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Scholarship Nominee Declaration:

Please select all that apply:

- I am applying under the Maori or Pasifika categories, I confirm that I am of Maori or Pasifika descent.
- I am applying under the Under 25 category, I confirm that I am under 25 and able to show proof of age.
- I confirm that all the information supplied in support of my application is accurate at the date of signing.
- If I am a successful recipient of the scholarship, I agree to abide by Site Safe's training terms and conditions, including being charged the course fee if a cancellation is made within five working days of the course.

Signed:

Date:

Employer Details:

Please note:

- If you are employed, your nominee will need to complete this section.
- If you are a sole trader or applying as an individual, you do not need to complete this section.

Employer Company Name:

Name of Employer Representative (Given Name & Surname).

Postal Address:

Email:

Phone/Mobile Number:

Describe how the nominee's work ethic aligns with your company's values and commitments.

In your answer, please tell us:

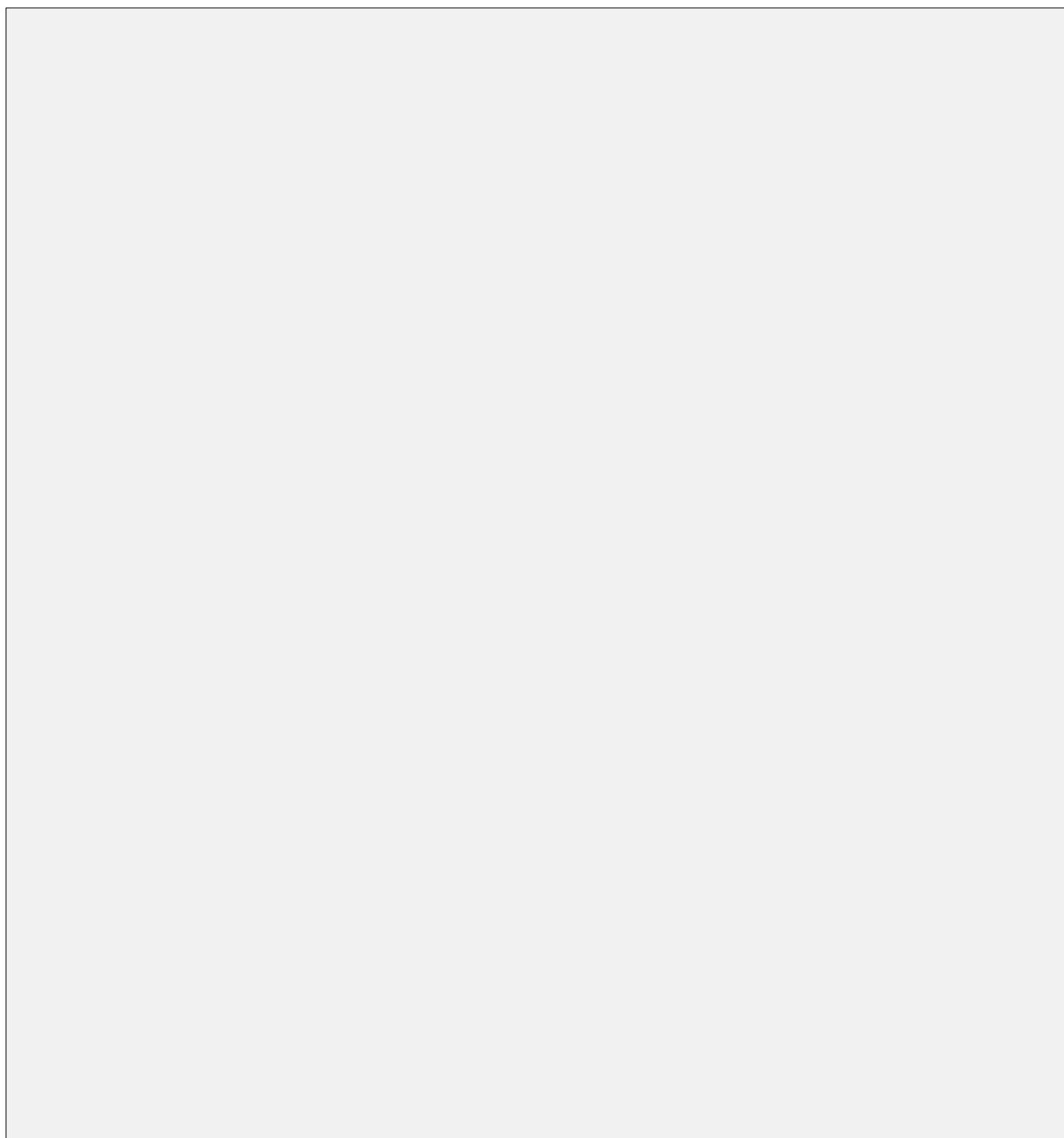
- Which of your nominee's qualities align with you company's values and commitments.
- How the nominee demonstrates these qualities.

Tell us how the nominee demonstrates their positive contribution to health and safety.

Different ways they contribute may include: regular reporting, encouraging a safe culture, being involved in health and safety meetings or toolbox talks, identifying risks and risk management options, open communication of health and safety principles, ensuring safe work practices are in place, leading by example, looking out for others on site, showing commitment, not being afraid to speak up.

In your answer, please tell us:

- How the nominee's actions have helped your organisation achieve its health and safety goals.
- How the nominee sets an example for others in the workplace.
- What actions the nominee has undertaken to reward or acknowledge good health and safety behaviours in others.



How will you support the nominee if this application is successful?

How will you support the nominee to attend training, complete their assignments and mentor them or otherwise support them to complete the programme successfully and on time?

Employer Declaration:

- I confirm that all the information supplied in support of this application is accurate at the date of signing.
- I agree that the joint nature of the scholarship programme relies on participation from the employer company to support their nominee to attend and complete training.
- If the nominee is a successful recipient of the scholarship, I agree to abide by Site Safe's training terms and conditions, including being charged the course fee if a cancellation is made within five working days of the course.
- I will support the nominee in successfully completing all allocated courses within the required timeframe (between 6 and 12 months).
- If the nominee is a successful recipient of the scholarship, I agree that Site Safe may use my company details or contact me to promote Site Safe and the scholarship programme.

Signed:

Date:

Please send the completed application to: Scholarships@sitesafe.org.nz