

CERTIFICATE IN CONSTRUCTION SITE SAFETY SCHOLARSHIP APPLICATION FORM

i Scholarship Nominee Details:

To be completed by the individual applying for the Scholarship.

Given Name(s):

Surname / Family Name(s):

Postal Address:

Postal Address:

Date of Birth:

Email:

Phone / Mobile Number:

i Please indicate which scholarship you are applying for:

Pasifika of any age

Women in construction any age or ethnicity

Māori of any age

Open Scholarship any age or ethnicity

Under 25 of any ethnicity

If selecting **Māori**, please indicate your lwi, hapū, or the name of your marae:

If selecting **Pasifika**, please indicate which island group your family originally comes from:

Samoa

Tokelau

Cook Islands

Niue

Tonga

Tuvalu

Fiji

Tahiti

Other

Other – Please specify:

Please list any qualifications you have gained to date (eg: None, NCEA / School Certificate, Trade Certificate etc):

Please tell us how you demonstrate your commitment to health & safety within your current role and company:

100 WORDS OR LESS

Please tell us what personal qualities you will draw on to develop into a leader in health & safety in the construction industry:

100 WORDS OR LESS

i For Māori and Pasifika applicants only:

Please tell us about your involvement in Māori or Pasifika culture in your community:

100 WORDS OR LESS

i Scholarship Nominee Declaration:

- a. I confirm that I am of (and able to prove) Māori or Pasifika descent (if applying for a Māori or Pasifika Scholarship).
- b. I confirm that I am under 25 and able to show proof of age (if applying for a under 25 Scholarship).
- c. I confirm that I am a New Zealand Citizen or a New Zealand Permanent Resident.
- d. I confirm that I am over 16 years of age.
- e. I confirm that all the information supplied in support of my application is accurate at the date of signing.
- f. If I am a successful recipient of the Scholarship I agree that Site Safe New Zealand Inc. may use my personal details and photo to promote the Site Safe Certificate in Construction Site Safety.

Signed:

Date:

i Employer Details:

To be completed by a representative of the Employer of the individual applying for the Scholarship.

Employer Company Name:

Name of Employer Representative (Given Name & Surname)

Postal Address:

Email:

Phone / Mobile Number:

Please tell us why your Scholarship Nominee should be considered for the Certificate Scholarship:

100 WORDS OR LESS

Please tell us how your Scholarship Nominee demonstrates their commitment to health and safety within your company:

100 WORDS OR LESS

i Employer Declaration:

- a. I confirm that all the information supplied in support of this application is accurate at the date of signing.
- b. The joint nature of the Scholarship relies on buy-in from the Employer Company in making their Nominees time available to attend and complete training. If the Nominee is a successful recipient of the Scholarship I agree that I will release the Nominee for the appropriate time to attend training and complete the assignment and mentoring programme, and support the Nominee in successfully completing the Certificate in Construction Site Safety within a 6 – 12 month period.
- c. If the Nominee is a successful recipient of the Scholarship I agree that Site Safe New Zealand Inc. may use my Company details to promote the Site Safe Certificate in Construction Site Safety.

Signed:

Date:

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