

GoHort Applicant Form



GoHort
Puāwai me Ahumāra

APPLICANT DETAILS

Date:

Full Name:

DOB:

Ethnicity:

Gender:

Residency:

Address:

Email:

Phone:

Which internship are you applying for?:

Region:

Company:

Describe why you are interested in being a GoHort intern:

Area of interest:

MEDICAL INFORMATION

Yes **No**

Are you receiving any medical treatment for an injury or illness that may affect your ability to do this job?

Are you on any medication that needs to be carried with you at all times? If yes, please explain:

EDUCATION / SKILLS

Current Status

Secondary School

School Name:

Year Level:

Key subjects:

University

University Name:

Qualification:

Major:

Year Level:

Polytech

Polytech Name:

Qualification:

Year Level:

Unemployed

Employed

Industry:

OTHER

Any other information relevant to your skills or interests:

PERMISSIONS

Permission if under 18.

Permission to share information - Privacy Act