**Society of Mary and Challenge 2000**

**GAP YEAR 2020**

Application Form

*Private and confidential*

|  |  |  |
| --- | --- | --- |
| **1. Personal Details** | | |
| First Names | Surname | |
| Address | | |
| Date of Birth:  Current College or Study Place: | | |
| Do you have a Drivers Licence? Yes / No  If “Yes” please indicate type of Licence and Licence Number:  Also, how long have you had your current licence? | | |
| Parents’ /Guardians’ Names:  Parents’ / Guardians’ Phone Number: | | |
| **Telephone** | | Culture/Ethnicity: |
| Daytime | | Email |
| Evening | |  |
| Mobile | |

| 2 ACHIEVEMENTS/INVOLVEMENTS |
| --- |
| At College: |
| In the Community: |
| At Work... voluntary or paid: |

| 3. Please explain why you are applying for the Gap Year and how you think you could benefit from this experience in 2020. |
| --- |
|  |

| 4. Please describe your strengths and weaknesses, knowledge, skills, and interests. |
| --- |
|  |

| 5. What aspects of your College experience demonstrate your commitment to your personal development, persistence and to social action and service. |
| --- |
|  |

| 6. What do your friends and family think about you going on a Gap Year? |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
| 7. Health | | |
| **Are you in good health?** | **Yes** | **No** |
| Have you had any major illnesses or operations?  *If yes please give details* | **Yes** | **No** |
|  | |
| Do you have any special dietary or health needs?  *If yes please give details* | **Yes** | **No** |
|  | |
| Are you on any prescribed medication?  *If yes please give details* | **Yes** | **No** |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. References** | | | | |
| During the Gap Year you will be training and working in community settings. Are you willing for Challenge 2000 to arrange a Police check? | | | **Yes** | **No** |
|  | |
| Please Provide two referees, one of who should be either a Community or Church leader and your College principal/chaplain/dean or a community member who knows you well. | | | | |
| **Name** | **Telephone number** | **Mobile Number** | | |
|  |  |  | | |
|  |  |  | | |

1. **Declaration**

I confirm that the information given in this application is, to the best of my knowledge, true and complete.

I acknowledge that any false statement or material omission may be sufficient cause for my application being rejected or my Gap Year placement terminated

**Signed: ......................................................... Date .................................................**

**Kitty McKinley**

**Challenge 2000**

**PO Box 13059**

**Johnsonville**

**Wellington 6440**

[**info@challenge2000.org.nz**](mailto:info@challenge2000.org.nz)

**Ph: (04) 477 6827**