**Challenge 2000 – Society of Mary**

**GAP/INTERN PROJECT 2024**

Application Form

*Private and confidential*

|  |  |  |
| --- | --- | --- |
| **1. Personal Details** | | |
| First Names | Surname | |
| Address | | |
| Date of Birth: | | |
| Current College, Study or work 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 and contact details | | |
| Culture/Ethnicity: | | |
| Daytime Phone | Mobile | |
| Email | | |
| **2 ACHIEVEMENTS/INVOLVEMENTS** | |
| At College or Tertiary Study: | |
| In the Community: | |
| At Work... voluntary or paid: | |

|  |
| --- |
| **3. Why you are applying for this Project? What benefits do you hope to gain?** |
|  |

|  |
| --- |
| **4.Describe your strengths and weaknesses, knowledge, skills, and interests.** |
|  |

|  |
| --- |
| **5.       What aspects of your College/work 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 attending this project ?** |
|  |

|  |  |  |
| --- | --- | --- |
| ***7.* Health** | | |
| **Are you in good health?** | **Yes** | **No** |
| Have you had any major illnesses, personal challenges 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. | | | |
| **Names** | **E mail address** | **Mobile** | |
|  |  |  | |
|  |  |  | |

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

[kitymckinley@challenge2000.org.nz](mailto:kitymckinley@challenge2000.org.nz)

Challenge 2000

PO Box 13059

Johnsonville

**Wellington 6440**

Ph: (04) 477 682