Application Form			
Aviation Gateway Programme  Student details			
Last Name: Co	ell Phone:		
	nail:		
D	ate of Birth:		
Ethnic Origin: (Please tick)			
European/Pakeha  Tongan	Cook Island Maori	Indian	
Samoan Asian	Tokelauan		
		Fijian	Ш
Niuean NZ Maori	Chinese	Other	
Gender (please tick): Male Female	=		
To be considered for the aviation Gateway Produring term 3 on the following day:	ogramme students m	iust de avallable	
Wednesdays 1p	m – 3.00pm		
By signing this form, you are acknowledging your availability.			
Signed:	Date:		
Sahaal Dataila			
School D	otoile		
School D	etails		
Name of School:	etails Phone:		
Name of School:	Phone:		
Name of School:	Phone: Email:		
Name of School: Gateway coordinator:  Permissions (Pare	Phone: Email: ent/ Guardian)		
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Name of School:  Gateway coordinator:  Permissions (Pare  I give permiss attend the aviation gateway course.	Phone: Email: ent/ Guardian) ion for		to
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Name of School:  Gateway coordinator:  Permissions (Pare give permiss attend the aviation gateway course.  Signed  Emergency Consumption Relationship: Email:	Phone: Email:  Int/ Guardian)  ion for  Date:  Ontact (1)  Home Phone: Cell Phone: Work Phone:		to

Form Reference 015 Revision: 001