

Application Form Aviation Gateway Programme

Student details

First Name:	Home Phone:
Last Name:	Cell Phone:
Address:	Email:
	Date of Birth:
Ethnic Origin: (Please tick)	
European/Pakeha <input type="checkbox"/>	Tongan <input type="checkbox"/>
Samoaan <input type="checkbox"/>	Asian <input type="checkbox"/>
Niuean <input type="checkbox"/>	NZ Maori <input type="checkbox"/>
Cook Island Maori <input type="checkbox"/>	Indian <input type="checkbox"/>
Tokelauan <input type="checkbox"/>	Fijian <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other _____
Gender (please tick):	Male <input type="checkbox"/> Female <input type="checkbox"/>
To be considered for the aviation Gateway Programme students must be available during term 3 on the following day: Wednesdays 1pm – 3.00pm By signing this form, you are acknowledging your availability.	
Signed:	Date: ___/___/___

School Details

Name of School:
Gateway coordinator:
Phone:
Email:

Permissions (Parent/ Guardian)

I _____ give permission for _____ to attend the aviation gateway course.

Signed _____ **Date:** ___/___/___

Emergency Contact (1)

Name:	Home Phone:
Relationship:	Cell Phone:
Email:	Work Phone:

Emergency Contact (2)

Name:	Home Phone:
Relationship:	Cell Phone:
Email:	Work Phone: