## **GATEWAY APPLICATION 2024**

Name		_DOB/	//	_Year	Age
Student Personal Email			Stude	nt Mobile _	
Are you a:	NZ Citizen/Permanent Resident/Stude (circle the answer that applies)?	ent Visa/Ir	nternatio	onal Studen	ıt
Residential	Address:				
Parent/Care	egiver: Name:		Mc	obile	
Email:					
Subjects stu	dying in 2023 (write in full) Eg: History	L:		2:	
3:	4:5: _			6:	
Did you do (	Gateway last year? <b>Yes / No</b> If yes, what	did you do	?		
Have you w	orked in paid employment? Yes / No If	<sup>:</sup> yes where	e?		
Have you th	ought about what career you would like	to pursue	when yo	ou leave sch	ool, if so what?
Gateway? E	t of any school programmes/sports that G, Training Wednesdays. f yes, what and when?	-			
Would you	prefer to do gateway in <b>school time / w</b>	eekends /	school h	ıolidays	
In which ind	lustry area would you like to gain work e	<pre>kperience?</pre>	<u>}</u>		
How will yo	u get to your gateway placement? <b>c</b>	ar / bus / '	train / ge	et dropped	off/ walk / not sure
Do you have	e a driver's licence? Yes / No Learners	; / Restrict	ed / Full	l	
•	are you prepared to commit to the pro- to the very best of your ability? Yes	gramme (i /No	ncluding	the comple	etion of all unit
	pared to be interviewed for work placem employers with your details, held by the		ployers a Yes/N		ne school to supply
•	erstand that all other NCEA course work e you prepared to do this in your own tin		chool tea es/No	achers will ı	need to be caught up
Do you unde	erstand that an application for a Gatewa	y program	me does	not guaran	tee you a place? Yes/No

Please Turn Over

## Parental Permission

I \_\_\_\_\_\_ Parent/Caregiver

hereby give permission for \_\_\_\_\_\_ Student

to apply for the Pukekohe High School Gateway Programme. I agree to the terms stated above and agree to \_\_\_\_\_\_\_ leaving school to visit work sites (with the Gateway Coordinator) as necessary. I also agree to taking student photographs/videos during training and work placement that may be published.

Health and Medical issues: Does \_\_\_\_\_\_(student) have any health or medical issues that the School/Gateway Coordinator/or Employers need to be aware of before they commence the programme? Yes/No

Is there any other information Pukekohe High School needs to be aware of before considering this student for Gateway? **Yes/No** 

Parent/Guardian Sign:		Date:	/	'/	′
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