

APPRENTICE ENGAGEMENT FORM

Aukaha Regional Apprenticeship – Third Party Proposal is funded by the Ministry of Business, Innovation and Employment (MBIE). As part of our funding agreement, we are required to provide anonymous demographic data about participants in this apprenticeship to MBIE. This data is used for monitoring and research purposes.

Age *(please circle):*

Younger than 15 years old **15 to 24 years old** **Older than 24 years old**

Gender *(Please circle):*

Female **Male** **Other**

Ethnicity *(Please circle all that apply):*

Maori **NZ European** **Pacific Islander** **Other**

Residency Status *(Please circle):*

New Zealand Citizen **New Zealand Resident** **New Zealand Work Visa** **Working Holiday Visa** **Other**

Highest Qualification Achieved *(Please circle):*

No Qualification **NCEA Level 1** **NCEA Level 2** **NCEA Level 3** **Level 4 – 6 Qualification** **Level 7 or Above**

Current Driver's License *(Please circle):*

No drivers Licence **Learners Licence** **Restricted Licence** **Full Licence**

Did you become unemployed, or need to find new employment due to reduced hours, because of COVID-19 *(Please circle):*

Yes **No**

Have you received any work and income assistance in the past 3 months? *(Please circle):*

Yes

No

Do you have any dependents? *(Please circle):*

Yes

No

Before enrolling/engaging in this programme, were you in school, studying, in training, or employed? *(Please circle):*

None of the
above

In school

Studying

Training

Employed

I consent to the above information being shared with the Ministry.

I understand that my name, or any other personally identifiable information, will not be shared outside of the Ministry without my consent.

Name (Printed):

Signature:

Date: