



## APPLICATION PROCESS

### **WANT TO APPLY for a place on the Adventure Leadership Programme - GAPYEAR Experience?**

#### **What you need to do is:**

1. Complete the attached **Horizons Unlimited, GAPYEAR “Application Form”**
2. **Attach a covering letter** that includes:
  - a) Which programme you are applying for:
    - Spring 2017 (11<sup>th</sup> Sept – 1<sup>st</sup> Dec 2017)
    - Summer 2018 (6<sup>th</sup> Feb – 4<sup>th</sup> May 2018).
  - b) Contact details (name, email addresses and phone numbers) for **two referees**. If you are a school leaver, one of these should be from your school. If you are a mature student, one should be from an employer.
3. **Add copies of your CV.**
4. **Post it all to:**  
GAPYEAR Experience  
HORIZONS UNLIMITED  
PO Box 19 940  
Christchurch

OR email it to [info@horizons.co.nz](mailto:info@horizons.co.nz)

For more information call us: 03 384 0384 or email: [info@horizons.co.nz](mailto:info@horizons.co.nz)

5. We will **acknowledge** receiving your application by phone and/or e-mail.

#### **After you have applied:**

1. We will **arrange an interview** with you (this can be by skype).
2. We will contact at least one of your referees.
3. We then advise you of the outcome of your application.

#### The selection criteria are:

- Keen interest in having an adventure.
- Suitability to be employed to work with children (we will require all applicants to complete a Police Clearance form before they undertake the work experience sections of the programme).
- Be physically fit.
- Swimming ability – must be able to swim 25 metres

#### Prerequisite:

- First Aid certificate (nzqa unit std 6400 - 6402) – valid for one year from start of the programme.

**If Accepted** – We will offer you a place on the programme and send you an Enrolment Package.

**H O R I Z O N S**  
**U N L I M I T E D**

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# Application Form

## Adventure Leadership Programme / GAPYear Experience



Please complete every section if applicable.

Personal Details	Family Name					
	Given Names					
	Preferred Name					
	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth	___ / ___ / _____	Age	
	Home Address			Phone		
				Mobile		
				Email		
Current school or employment						

Education	What was your last year at secondary school?											
	What is the name of the last secondary school you attended?											
	NCEA1 / Year 11		Year		Year 12		Year		NCEA 3 / Year 13		Year	
	Subject		Credits		Subject		Credits		Subject		Credits	
First Aid Certificate									Expiry Date			
Other Education												
Year		Institution			Programme/Course				Pass/Fail			

Work	Briefly outline your work experience (include part time and voluntary work)										

Hobbies	List your recreational activities and sporting involvement											
	Activity			Approx # of hrs in last 12 mnths.			Activity			Approx # of hrs in last 12 mnths.		

Health	Do you have any injuries, disabilities or medical conditions?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'yes' provide detail below				

Program	Which programme are you applying for?										
	Spring:2017										
	Summer:2018										

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_