

Diploma in Applied Emergency Management (Level 6) Student Application Questionnaire

You must complete this questionnaire and send it along with your enrolment form and other required documentation when you enrol in your first paper of the Diploma in Applied Emergency Management (Level 6).

Name: _____
(Surname)

(First Names) (Preferred name)

Address: _____

Telephone: Day (0) _____ Night (0) _____

Date of birth: _____ Age: _____

Email: _____ Skype™: _____

1. Have you completed the Tai Poutini Polytechnic *Certificate in Emergency Management Level 4* ?

Yes No

2. Have you completed a tertiary programme at degree level (graduate certificate, graduate diploma, bachelor degree etc) that required basic self-directed research and academic referencing (for example APA 5th edition or Harvard)?

Please give details:
(Please attach notary certified copies of your qualifications/transcripts)

3. **List any relevant industry affiliations such as professional memberships, working or advisory groups that you belong to:**

4. **Describe your experience in emergency management, disaster relief or humanitarian aid (provide length of service, role and location for each position you have held):**

Please use additional paper if required.

5. **What do you expect to gain by completing this programme of study?**

6. **Explain how your involvement in this programme will benefit other students?**
(What do you bring to the class in terms of experience and how are you able to share this?)

7. **What is your current situation?** (*eg: at school, university, volunteering, paid employment*)

8. **To ensure the success of your study with us, we need to ensure you have adequate local support from a mentor.**

Your mentor should be an experienced emergency/disaster management practitioner in the country you work/live and be able to advise you on local or regional emergency management arrangements, plans, hazards, structures, resources and documents. Your mentor may be contacted by Tai Poutini Polytechnic.

Please list your mentor contact details (not being a TPP/EMANZ staff member)

Name	Position
Organisation	Email
Phone (business)	Mobile

9. **Do you have access to a computer for word processing and a reliable high speed internet access for internet-based research and Skype™ video calls?**

Yes / No

10. **Please describe your level of computer literacy/skills.**

11. **As there are limited places on each course some applicants may not be successful in enrolling on their first attempt; if you are not successful in your application, do you wish to be reconsidered for the next intake?** *If yes, we will only transfer your application once. Any further applications must be submitted in full again.*

Yes / No

Confidential Medical Information

Name:

(Surname)

(First Names)

The purpose of identifying the following conditions is to enable tutors to effectively assist students in their learning. By being aware of a condition we are better equipped to eliminate restrictions to a students progress. All information is strictly confidential.

Could you please indicate with a tick if you have ever suffered from or do suffer from any of the following:

- | | |
|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Sight impairment |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Dyslexia |
| <input type="checkbox"/> Back problems | <input type="checkbox"/> Neck problems |
| <input type="checkbox"/> Wrist/hand problems | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Overuse syndrome | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Colour blindness or other visual impairment | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Epilepsy | |

Do you suffer from any other condition that may make completing this programme difficult?

Selection Process

Applicants who are short listed may be:

- Telephoned
- Asked to attend an interview (including Skype™ supported by webcam)
- Sent confirmation of acceptance on the programme.

Unsuccessful applicants will be notified by mail or in the case of international students by email.

DECLARATION:

I certify that the details of this form are correct and that if accepted for this programme, I will observe such rules and conditions as may be required by Tai Poutini Polytechnic. I also authorise Tai Poutini Polytechnic to contact my mentor at any time during the programme of study. I further give Tai Poutini Polytechnic authorisation to verify the information supplied as part of my application including contacting academic institutions and ILETS assessment centres (if applicable) that I have previously attended. I confirm that I meet the entry requirements as specified at <http://www.emanz.ac.nz/diploma.php>

Signed _____

Dated _____

IMPORTANT NOTE:

Please return this questionnaire, along with:

- the completed student enrolment form (domestic or international form as appropriate)
- your current Curriculum Vitae (that reflects your interest in emergency management)
- certified copies of qualifications/transcripts
- proof of age (minimum of 18 years of age at time of enrolment)
- Incident management course certificate (CIMS4, NIMS etc).
- ILETS assessment certificate [6.0 or higher] (*for international students only*)

Please forward to:

Enrolments Officer
 Tai Poutini Polytechnic
 Private Bag 607
 Greymouth
 New Zealand