



Agricultural Training for New Zealand

# Taranaki Taster Course July 2011

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth     /     /      Male      Female

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

**Disability / Injury / Allergies:**

Do you live with the effects of significant injury, long term illness, disability, asthma or allergy?

No      Yes, please explain \_\_\_\_\_

High School attended \_\_\_\_\_

Year (Circle)     9     10     11     12     13

I hereby declare that the information given above is true and correct.

Signed \_\_\_\_\_ Date     /     /

Parent's Permission (for those under 18)

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Signature \_\_\_\_\_

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