



APPRENTICESHIP FORM

Application for Tuaropaki / MB Century Apprenticeship

Eligibility Criteria:

An owner or descendant of an owner in the Tuaropaki E block. (Other eligibility conditions may apply).

CONTACT DETAILS:

Phone: (07) 376-2500

Email: akoranga@tuaropaki.com

Website: www.tuaropaki.com

Post: 54 Tuwharetoa Street, Taupo

APPLICATIONS CLOSE 10 SEPTEMBER 2022

OWNER DETAILS:

(Please print clearly)

Shareholder (SHN) No:

Current Owner Name:

Current Owner Address:

Post code:

Owner Phone No:

Mobile:

Owner Email Address:

OWNERS DECLARATION:

What is your relationship to the Applicant?

The applicant is my:

I confirm the whakapapa provided on page 2 is correct.

Full name:

Signature:

Date:

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APPLICANT DETAILS:

Your Name:

Other names you are known by:

Your Address:

*All correspondence, including
acknowledgement letters and
invitations are sent here.*

Post code:

Gender (M / F / Gender Neutral):

Your Date of Birth:

Your Contact Phone Number:

Your Mobile:

Your email address:

WHAKAPAPA DETAILS:

WHAKAPAPA OF APPLICANT (IN RELATION TO TŪAROPAKI):

(Name of Applicant)

(Father)

(Mother)

(Grandfather)

(Grandfather)

(Grandmother)

(Grandmother)

(Great Grandparents)

(Great Grandparents)

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In 150 words (or less) please describe your future goals and/or aspirations. These may or may not be related to your career, whānau, education, hobbies, personal development or any other area you think is important.

APPLICANT DECLARATION:

On accepting this apprenticeship, successful applicants give permission for the Tūaropaki Trust to use their name, image and extracts from their application for publicity purposes.

I confirm all information provided in this form is true and correct. I give Tūaropaki Trust permission to obtain information on my progress.

Signature:

Date:

CHECK LIST:

- Academic Transcript
- NCEA Record of Achievement
- Birth Certificate for every generation going back to the current owner in the Tūaropaki Trust
- Photo ID (Drivers Licence, Passport, Firearms Licence)
- Current CV

Please return completed form and required documents, to:

Tūaropaki Trust,
PO Box 441, Taupo 3351

Phone: (07) 376-2500 **Email:** akoranga@tuaropaki.com

FOR TRUST USE ONLY:

ID confirmed

Details entered

Date entered:

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