

# Headspace 2020 Application Form

Please note if you have received this form as a hard copy an electronic version is available from [www.gc3.org.nz/headspace](http://www.gc3.org.nz/headspace)

## PERSONAL INFORMATION (Please include a recent photo of yourself with your application)

Name: ..... Date of Birth: .....  
Phone: ..... Mobile: .....  
Present Address: .....  
..... Postcode: .....  
Email: .....  
Facebook name: .....  
Country of Birth: ..... Present Citizenship: .....  
Do you hold a current New Zealand Passport? (circle) Y / N

## EMERGENCY CONTACT DETAILS (Both parents' names if possible)

Name: ..... Relationship: .....  
Address: .....  
.....  
Phone: ..... Mobile: .....  
Email: .....

## EDUCATION/EXPERIENCE INFORMATION

List in chronological order the secondary schools or tertiary institutions you have attended:

Name of Institution	Location	Dates Attended	Qualification
.....	.....	.....	.....
.....	.....	.....	.....

List details of any achievements (academic or non-academic) or short courses taken:

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**EMPLOYMENT INFORMATION**

Are you presently employed? (circle) Y / N (If yes complete the following)

Your Position: ..... How long have you been employed there? .....

Full time / Part time (circle)

**GENERAL INFORMATION**

Have you lived/traveled overseas before? (circle) Y / N (If so, please give details)

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Are you involved in any voluntary work or service? (circle) Y / N (If so, please give details)

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Please list any interests/hobbies:.....

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**CHRISTIAN LIFE INFORMATION**

Briefly describe how and when you became a Christian .....

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Have you been baptized since you accepted Jesus Christ as your Saviour? (circle) Y / N

What is your home church? .....

How long have you attended your home church? .....

Home church postal address: .....

Home church email: .....

Have you shared your thinking with your Church leaders or missions committee? (circle) Y / N

If yes, what was their response? .....

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What attracts you to the Headspace Gap year and what do you hope to gain from the year? .....

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Please explain one of the strengths you would bring to the Headspace team (and list one weakness).....

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How did you hear about Headspace? .....

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**HEALTH INFORMATION**

General Physical Condition: .....

Are you taking any medication under doctor’s direction? (If so, please give details).....

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Do you require a special diet? (If so, please give details): .....

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**NB: if you require a gluten free diet a \$300 donation is suggested to cover additional food during the year**

Do you have any chronic health problems or physical limitations? If so, please give details: .....

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Do you have the consent of your parent/guardian for this application? Y / N (If **NO**, please give details)

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Signed by yourself .....

Signed by your parent/guardian .....

Please provide the name and contact details of two people who know you well and who can give a character reference on your behalf (please do not list relatives or friends of the same age).

Name: .....Relationship to you: .....

Address: .....

Cell phone: .....Email: .....

Name: .....Relationship to you: .....

Address: .....

Cell phone: .....Email: .....

Post this application form, along with a recent photo of yourself and your \$100 application fee to: Headspace, co/ GC3, PO Box 744, Palmerston North 4440 or email to admin@gc3.org.nz

Please make any cheques out to: “GC Assist” or transfer funds electronically:  
Account: GC Assist Number: 06 0729 0336908 00 Reference: **Headspace and your full name.**

**Please note an electronic version of this form is available from [www.gc3.org.nz/headspace](http://www.gc3.org.nz/headspace)**