



**TOCAL COLLEGE DAIRY TRAINEESHIP
SCHOLARSHIP APPLICATION FORM**

DAIRY FARMERS CO-OPERATIVE LTD. SCHOLARSHIP
NORCO CO-OPERATIVE LTD. SCHOLARSHIP

YOUR PERSONAL INFORMATION

Course (Certificate Level II, III or IV):

Surname: Given Names:

Date of Birth:

Permanent Address:

..... Postcode:

Phone: Home () Business/Mobile ()

Scholarship(s) for which you are applying:

EDUCATION (Please Attach Copy of Last Year of School Report)

School: Years Attended:

Other Courses Completed:

.....

CURRENT EMPLOYER

Name of current employer:

Address of current employer:

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Company to which your employer's farm supplies milk:

Size of farm- Number of milkers: -Estimated Annual Production (Litres):

EMPLOYMENT HISTORY

(Please indicate your previous jobs and include voluntary work experience marked VWE)

From	To	Name of Employer	Position Held / Main Duties / Responsibilities

References: (State Names and phone numbers of two people who are prepared, if required, to act as referees)

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DECLARATION

I declare that the information on this form and in any supporting evidence supplied as attachments is correct,

Signature: **Date:**