QUEEN ELIZABETH II

**TECHNICIANS’ STUDY AWARD**

***APPLICATION FORM for 2020/2021 AWARDS***

**A further round of applications will close on 11 December 2020.**

*Please refer to the attached Information Sheet for details*

The developing situation surrounding the COVID-19 pandemic may impact your Award dates. We will be keeping this area of the website updated as we assess the situation.

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

**The Administrator**

**Queen Elizabeth II Technicians' Study Awards**

**773 Moonshine Road**

**R D 1**

**PORIRUA 5381**

I hereby apply for a Queen Elizabeth II Technicians’ Study Award in the 2020/2021 round.

If selected for an Award, I agree to comply with the terms and conditions determined by the Minister of Education and I undertake to return to New Zealand on completion of my study.

I certify that the information supplied here is, to the best of my knowledge and belief, complete and correct and that no relevant information has been withheld.

If I am successful in gaining an award, I agree

1. that my name and occupation details, and
2. my subsequent report following the study award completion

may be released to the media.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PART A: PERSONAL DETAILS (please print**)

Given Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Postal Address Line 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Line 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostCode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PostCode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_ Gender: M / F Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not a New Zealand citizen, do you have Permanent   
Resident status as defined in the Immigration Act 2009? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART B: PROPOSED COURSE OF STUDY (in brief)**

*Name and location of Institution*(s):

*Brief non-technical description\*\* of proposed Study Programme: [give full details on Part F]*

to undertake/study/complete ....

\*\* see examples of the study description in Appendix A of the Information pages.

Total Length of Study: Period of \_\_\_\_\_\_\_\_\_\_\_\_ weeks/months/years

Expected course start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expected course completion date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Have you made an application to the Institution?* YES / NO

*NOTE: If you have been accepted, please provide copies of relevant correspondence with the Institution.*

**PART C: EDUCATIONAL QUALIFICATIONS & WORK EXPERIENCE**

***Continue on separate A4 page(s) if necessary***

|  |  |  |
| --- | --- | --- |
| **Qualification Completed** | **Year Obtained** | **Major Subjects Passed** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Qualifications Incomplete** | **Year Started** | **Courses/Subjects Passed** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Work Experience (>3 mths)** | **Occupation/Duties** | **Yr Start/Yr End** | **Yrs/Mths** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**PART D: FINANCIAL**

|  |  |
| --- | --- |
| Employer Contribution  What do you expect the total course of study to cost ? |  |
| Your Contribution |  |
| QE2 contribution sought |  |
| Estimated Full Cost ($NZ) |  |

Please attach a full budget to expand on the summary provided.

**Note 1:** In drafting your budget please ensure you cover the following:

Airfares, Internal Travel, Airport Tax, Travel Insurance (fares/baggage), Accommodation/living expenses, Tuition fees/bench fees, Student fees/books/materials, Health Insurance, Other necessary expenses.

**Note 2:** The Award does not include any financial assistance for your spouse, partner or dependents; your salary or relief staff costs; nor does it cover periods of ‘work experience’ or attendance at a conference.

As mentioned later in the ‘Information for Applicants’ section, the QEII Selection Committee (the Committee) regards its facilitation of each course of study as a partnership with the award recipient, the employer and the Committee.

**PART E: REGARDING YOUR EMPLOYER**

Have you approached your employer for support yet? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you expect your employer will maintain you on full or part pay while you are studying? Provide details: (continue on separate page(s) if necessary):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your employer prepared to support you in any other way? Provide details

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**PART F: YOUR OBJECTIVE**

Detail your objectives in undertaking this programme. (Explain, for example, the relevance of the proposed course to your basic training; the benefits of the proposed course of study to the country; the ways in which you personally expect to benefit as a result of completing the course of study). Continue on separate A4 page(s) if necessary.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART G: REFEREES**

Names and email addresses of two persons\* willing to supply confidential referees’ reports:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF you have not provided an email address, please provide a mailing address:

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*** A*t least one referee should be able to comment on your technical skills and the relevance of your proposed course of study to your field of employment in New Zealand.*

**NOTE**: If you are posting your application, please use A4 paper, one side only, and do not staple or bind your application. This is to enable copies to be sent to the Selection Panel members.

*Please note that the completed application received (either by post or email) must be signed.*

Email inquiries and completed applications to: aj@hutson.net.nz phone: (04) 528 0808

**The Administrator**

**QEII Technicians’ Study Awards**

**773 Moonshine Road**

**R D 1, PORIRUA, 5381**

Send applications to:

The developing situation surrounding the COVID-19 pandemic may impact your Award. We will be keeping this area of the website updated as we assess the situation.

**Applications for the second round must be postmarked or received by email, no later than 11 December 2020.**