



**application form**

2021/2022

Please fill out this application and mail to: **Phytofarm, 166 Okuti Valley Road, Little River 7591**  
Or email: **valmai@phytofarm.co.nz**

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

Surname: \_\_\_\_\_

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

E-mail (please print clearly): \_\_\_\_\_

Permanent address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**1. How did you find out about Phytofarm Apprenticeship Programme? Internet? Personal Contact? Who?**

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

**2. How do you think this programme will help you to meet your personal and/or career goals?**

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

**3. What herb related knowledge or experience do you have (i.e., classes, employment, correspondence courses, or personal home study)?**

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

**4. Please describe any experience you have had gardening, working on a farm or doing production landscape work.**

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

5. Outside activities are an important part of this programme. This may include bending, stooping, squatting, digging, lifting, etc. for limited periods of time. You will be expected to participate in the full range of outside activities. Please describe any difficulties may have that would limit activity.

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6. Weather can be cold and wet in spring and autumn sessions and hot in the summer. Please list any experience you have had with physically demanding work under these conditions.

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7. Outside activities involve working in and around a wide variety of plants and grasses. Do you have any known allergies that might limit your ability to work safely in this environment?

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8. Please rate the following topics in order of interest: (1 being of most interest)

- Conservation of Medicinal Plants
- Growing Herbs for Market, culinary or other
- Making Plant Medicine
- Nutrition for health
- Growing plants for market
- Holistic Healing
- Native Plants

9. Do you have transport to get and from Little River?

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10. Does your life and work commitments allow for you to stay in Little River during the seasonal classes?

- Yes       No

11. Would you prefer to commute daily to Little River during class days?

- Yes       No

12. Are you agreeable for your contact details to be shared with other students on the programme?

- Yes       No

13. Are you interested in being on a waiting list if the program is filled?

- Yes       No

**14. Work, Education and Activity History: Please provide the following information about your last three employers, assignments, or volunteer activities, starting with the most recent.**

From: \_\_\_\_\_ To: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarise the nature of work performed and job responsibilities : \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarise the nature of work performed and job responsibilities : \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Organization: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Summarise the nature of work performed and job responsibilities : \_\_\_\_\_

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

**I agree to pay the apprenticeship fees by the due date, to adhere to any safety guidelines given and confirm that the information provided is accurate and honest.**

Signed : \_\_\_\_\_

Date: \_\_\_\_\_

