



APPLICATION FORM

Please send this application form together with your CV, academic transcript and covering letter to: office@kfw.co.nz by 10 April 2026.

APPLICANT DETAILS

Full Name:

Preferred name (if different from above):

Phone:

Email:

Postal address:

Date available to start employment:

Languages spoken
(other than English):

Please share your iwi affiliation(s)
and/or your hapu:

EDUCATION

Tertiary qualifications
and name of university:



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REFEREES

Please provide contact details for two referees:

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| |

CRIMINAL

Do you have any criminal convictions or charges pending?

Yes

No

If so, please list:

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DECLARATION AND SIGNATURE

- I consent to Kayes Fletcher Walker Limited contacting any referees named in this form.
- I consent to Kayes Fletcher Walker Limited obtaining information from the academic institution(s) I attended in order to confirm my qualifications.
- I declare that the statements made in this form and the other documents that comprise my application are true and complete.

Signature

Date