

Health New Zealand Te Whatu Ora Hauora A Toi Bay of Plenty

Summer Studentship Application 2024 Please use write clearly and check selections				
Part A: Details				
Surname				
First Names				
Preferred Given Name				
Date of Birth eg 26-Feb-89				
Country of Birth				
Citizenship(s)				
If not a NZ or Australian citizen, are you a Permanent Resident of NZ?		Yes	No	
Gender		Male	Female	Not listed/ prefer not to respond
		NZ Europea	n Pasif	ika Asian
Ethnicity/descent (you can select more than one)		Māori	Other Europea	an Other
		lwi affiliation	ıs	
University		_		
Programme eg MBChB, Bl	HSc			
Current Year of Study				
Email address				
Mobile Phone Number				
Part B: Availability I am available from (date) I need to finish on (date) No. of weeks available for Preferred site for work (Will	work (i.e. 5 weeks or 10	•		
Part C: Documents I have attached:	Cover Letter, including areas of interest Copy of academic transcript Copy of Curriculum Vitae			
Date:	Signature: (optional)			
Email to: donna.watkins@bopdhb.govt.nz by 15 September 2024				