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| **Family Name:** |  | | | | **Given Name:** | |  | | **Preferred Name:** | |  | |
| **Address:** | | | | | | | | | **Cell Phone (Required):** | | | |
| **Student ID:** | | | |
| **VUW User name:** | | | |
| **Preferred Email address:** | | | |  | | | | | | | | |
| **Employment in NZ**  Are you legally entitled to work in NZ? ie as a NZ or Australian citizen/permanent resident/holder of a valid work permit? (please circle) If you circled work permit please advise expiry date and attach a copy. | | | | | | | | | | | | |
| What are your majors? | | |  | | | | |  | | | |  |
| **Please provide details of previous tutoring experience at VUW or elsewhere.** | | | | | | | | | | | | |
| **Year** | | **Course** | | | | | | | **Organisation/School (ie VUW)** | | | |
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| **Please list other work you are also undertaking, or intend to undertake as well as tutoring?** | | | | | | | | | | | | |
| **Role?** | | | | | | | | **Hrs/wk** | | | | |
| **Role?** | | | | | | | | **Hrs/wk** | | | | |
| **Role?** | | | | | | | | **Hrs/wk** | | | | |
| **Have you completed: New Tutor Training at VUW?** | | | | | | | | | **YES/ NO** | | **What Year?** | |
| **Have you completed: Marking Training at VUW?** | | | | | | | | | **YES/ NO** | | **What Year?** | |
| **Have you completed: Inclusive Training at VUW?** | | | | | | | | | **YES/ NO** | | **What Year?** | |
| **Have you completed: Health & Safety Training at VUW?** | | | | | | | | | **YES/ NO** | | **What Year?** | |
| **List only the courses are you interested in tutoring? i.e. TOUR101, HRER201, MGMT312** | | | | | | | | | | | | |
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| **What days and times are you available to tutor?**  *If you are currently employed full time, please indicate whether you have your employer’s agreement.* ***Yes/no***  *If you are PhD/Masters student, discussed your application with your supervisor.* ***Yes/no*** | | | | | | | | | | | | |
| **Please provide 3 different days and 6 different times between 8am & 6pm for 100 level courses and 8.30am & 5.40pm for 200 and 300 level courses. (Required):** | | | | | | | | | | | | |