

## **Application Form**

Please type in your information by clicking on the line below. *Please send this completed application form along with your CV and cover letter to kiaora@wellbeingandleadership.co.nz* 

Conta	ct Details	
First N	lame	
Middle	e Name(s)	
Last N	lame	
Prefer	red Name (if different)	
Email	Address	
Phone	Number	
Locati	on	
Applic	cation Questions	
How n	nany years have worked in an outbound sales role?	
Do you have experience building relationships with senior managers or equivalent?		ers Yes□ No□
Are you comfortable in te reo me ōna tikanga including kaupapa Māori organisations?		Yes□ No□
Do you regularly engage in continuous development practices?		Yes □ No □
Autho	rity and Declaration	
In signir	ng below, I agree and authorise:	
1.	The contents of my application (including this and other supporting documents) are true and accurate to the best of my knowledge.	
2.	I have not withheld any information that could affect the decision to employ me.	
3.	3. If I have been unclear about whether to provide information, I have provided that information.	
Signatura or Drint Namo		Date