



FAR Graduate Programme Application Form

Name _____
(Last name) (First names)

Date of Birth: _____

Confirm NZ Citizen/Residency: _____

Mobile _____

Email _____

Mailing Address: _____

Secondary School attended (include years): _____

Tertiary Course of Study and Institution: _____

Academic Distinctions: _____

Practical or work experience: _____

Date available to commence: _____

Signature: _____ Date: _____

Send your application to melanie.bond@far.org.nz by Monday 17 August 2026

Include a **cover letter** outlining why you are interested in this programme, **copies of your academic transcripts** and **the names of at least two referees** (one should be from a course lecturer/supervisor).