young TEC Participant Application Form 2014

Full nam	ne:	
Position:		
Company:		
Email:		
Phone:		
Which young TEC Branch do you belong to?		
Que	eenstown Rotorua	
Chr	ristchurch Central North Island	
Тор	o South Auckland	
We	ellington Far North	
1) List the main areas of responsibility in your current position:		
1.		
2.		
3.		
2) What areas within the industry do you have experience in?		
	Inbound Tour Operators	
	Attractions & Activities	
	Airlines	
	Transport	
	Accommodation	
	Retail	
	Tourism Services	
	Government	
	Education services	
	Still Studying	
	Other:	



3) How many years experience have you have had in the industry? Please list your most recent positions.		
4) Do you have or are you planning any formal education/industry training Eg. Degree/Tech etc)? If so please specify.		
5) Which of the follow areas within the industry would you like to gain further insight about?		
Inbound Tour Operators		
Attractions & Activities		
Airlines		
Transport		
Accommodation		
Retail		
Tourism Services		
Education Services eg. tutoring		
Government		
Other (please specify):		
6) Are there any specific topics you would like to see included as part of the program to improve your skill base and/or, identify your perceived weakness?		



7) What are your career objectives over the next 3-5 years?		
8) What other life goals do to you hope to achieve over the next 5-10 years?		
e.g. travel, health/wellbeing, further training etc)?		
9) What do you personally hope to gain from this Development Program?		
10) Are you currently working with a Mentor or have a Mentor in mind?		
*young TEC will do its utmost to appropriately match Mentors and Mentees. The selection process is decided between the Mentors, the Young TEC Development Programme Manager and CEO of Tourism Export Council		
PLEASE FAX OR EMAIL APPLICATION TO YOUNG TEC		
Fax: (04) 499 0786		

Email: young@tourismexportcouncil.org.nz