

**New Zealand Principals’ Delegation to China 2026**

# Application Form

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  |  | Date of Birth: |  |
|  | First | Last |  |  |  |
| Gender: |  | Ethnicity |  |
| School: |  |  | Job Title: |  |
|  |  |  |  |  |  |
| School Postal Address: |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| School Phone: |  | Email: |  |
| Home Address: |  |  |
|  |  |  |  |
| Home Phone: |  | Mobile: |  |

## Emergency Contact

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Relationship: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Mobile: |  |
| Email: |  |  |  |

## Other Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you visited China before? |  | YES[ ]  | NO[ ]  |  |  |
| If yes, please give brief details: |  |
| Do you have any current medical conditions that the organisers of the tour should be aware of? | YES[ ]  | NO[ ]  |  |  |
| If yes, please give brief details: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any special dietary or other considerations? | YES[ ]  | NO[ ]  |  |  |
| If yes, please give brief details: |  |

## School Information

|  |  |  |  |
| --- | --- | --- | --- |
| School Type: |  | School Roll: |  |
| Currently offering Mandarin language classes? |  | YES[ ]  | NO[ ]  |  |  |
| If yes, please give brief details: |  |
| Any other comments you wish to make about your school? |  |
|  |  |
|  |  |  |
|  |  |  |

## *Future Plans*

* **Why have you applied for this delegation?**
* **How do you plan to use your experience on the tour to contribute to your school on your return?**

Your comments should include reference to the current situation in your school, future directions, curriculum needs, and objectives for your students regarding Chinese in your school. Add any other information that you consider relevant that will help the selection committee assess your application.

* (Attach a separate page if needed)

|  |
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|  |  |

## References

Please list two professional references who have knowledge of your career background.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Professional Title: |  |
| Institution: |  | Phone: |  |
| Address: |  | Email: |  |
| Name: |  | Professional Title: |  |
| Institution: |  | Phone: |  |
| Address: |  | Email: |  |

## Board of Trustee’s Endorsement

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Position on the Board: |  |
| School: |  | Phone: |  |
| Comment: |  |
|  |  |  |
|  |  |  |
| Signature: |  | Date: |  |

## Disclaimer and Signature

**If I am successful in being accepted to join the delegation, I understand that I must comply with the following:**

1. Attend a pre-departure meeting in Auckland and a post-trip meeting in China.

2. Cooperate and participate in all activities during the tour.

2. Purchase my own flight tickets, travel and medical insurance, and visa application fee (if applicable).

3. Complete an evaluation report after the tour.

4. Participate in a review of the tour and be available for media interviews on my return to New Zealand.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

## Checklist

***Information required*** *(Please check when complete)*

[ ]  Completed Application Form

[ ]  Curriculum Vitae with a recent profile photo

[ ]  Copy of bio-data page of passport

Submit by 5pm, Friday 12 December 2025 by email to kerryn.levy@auckland.ac.nz

If posting, please allow at least 10 working days for delivery and send to:

Kerryn Levy

Manager

Confucius Institute in Auckland

The University of Auckland

Private Bag 92019

Auckland 1142