

## **CADETSHIP OPPORTUNITY**

#### WITH THE R. TUCKER THOMPSON SAIL TRAINING TRUST

The objective of the cadetship is to offer a training pathway for Northland Youth into the marine industry by providing the sea time, training, and financial support towards the achievement of a Maritime New Zealand *entry level Skipper's Certificate (SRL)* for New Zealand only work; **or** the *Qualified Deck Crew Certificate (QDC)* for International work; the choice being that of the cadet.

The main aim of all duties carried out by the cadet, is to train the cadet to a professional standard as defined by the target Certificate requirements.

The cadetship is not a form of employment – as such the cadet will not be employed by the Trust, instead they will receive a stipend for their services of \$120 per week, paid weekly. However, there are exceptions:

The cadetship will be considered temporarily suspended during such times as the cadet is employed to act as a member of the crew in order to fill in for unavailable professional crew: the cadet would be considered to be a full member of crew on such occasions and paid as such. During such times the tasks of a crew member would take priority, not training as required by a cadet.

### **Eligibility Criteria**

- Must have finished school to apply for a cadetship with the Trust
- Must be 18 years old if choosing to take the SRL course. (Can be 17 at the beginning of cadetship – if 18 years of age by October 2020)
- Or must be 17 years of age if choosing to take the QDC course
- Must be reasonably fit
- Must be reliable

#### The cadet will:

- Sail on Youth Voyages up to a maximum of 2 consecutive voyages in 3.
- Sail as a paid crew member, one of three, when required to fill in for unavailable crew.
- Undertake duties ashore as assigned by the Operations Manager and/or Bosun.
- Complete all requirements for the chosen certificate, including all applicable items in their workbook.
- Complete all items of practical, hands-on training required by their Skippers in order to become fully effective as crew, and then a skipper in training. (This last is to meet the practical requirements of the target certificate, not necessarily in order to become a skipper for R Tucker Thompson.)
- Sail as fourth crew member as rostered on Tourism day sails, on stipend. Roster will reflect same rostering practice as for crew, with a maximum of four days on in one burst.
- Sail as a paid crew member on Tourism day sails, where required to fill in for unavailable professional crew.



The Cadetship term is one year from November or December until early November the following year. Holidays for up to 4 weeks in total may be provided to the cadet, without stipend. Holidays are by cadet request and subject to Trust approval.

This cadetship does not form any commitment to continued employment with R. Tucker Thompson Sail Training Trust. It is limited to the term and for the purpose described.

Payment of the stipend will occur throughout the cadetship, with the exceptions of when leave applies, or if paid duties as a crew member occur during a pay period; in which case the stipend will be reduced or not paid on a pro-rata basis. During Summer, each day as paid crew will reduce the stipend payment by ¼ on the basis that crew work a maximum of 4 days in any one working week. For a Youth Voyage when rostered as a paid crew member, one of the three staff positions, no stipend would be paid.

Payment of exam and certification fees would be made on a once only basis. Fees for re-sits, if required, must be met by the trainee.

If there are any questions or clarification is needed, please contact Kyra Crouzat (Operations Manager) for more details at 09 402 8430 or <a href="mailto:operations@tucker.co.nz">operations@tucker.co.nz</a>

Please send in your application to <a href="mailto:operations@tucker.co.nz">operations@tucker.co.nz</a>



#### Personal Details

| Personal Details                      |              | I               |      |
|---------------------------------------|--------------|-----------------|------|
| First Name:                           |              | Surname:        |      |
| Email:                                |              |                 |      |
| Postal Address:                       |              |                 |      |
| Home Phone:                           | Mobile:      |                 | Age: |
| Next of Kin:                          |              |                 |      |
| First Name:                           | S            | Surname:        |      |
| Home Phone:                           | N            | Лobile:         |      |
| Email:                                | 1            |                 |      |
| talents? Any achievements you're prou |              |                 |      |
| Why do you want to become a cadet w   | rith the R T | ucker Thompson? |      |



| What are your career goals?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
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# **MEDICAL QUESTIONNAIRE**

Honesty is required, for the Trust to provide appropriate care, and to exceed regulatory requirements. Limitations will not necessarily exclude you as a cadet.

YES/NO

|                                                                                                                                                                                                              | 112/110 |
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| Can you swim?                                                                                                                                                                                                |         |
| Do you have any physical or other limitations? (If not, we will assume you can work aloft, and on the bowsprit.) If yes, please describe each one below and how you handle it (includes sight, hearing etc): |         |
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| Do you suffer from Asthma? (if yes please answer below)                                                                                                                                                      |         |
| Have you ever been hospitalised with an attack?                                                                                                                                                              |         |
| Do you have any other respiratory problems?                                                                                                                                                                  |         |
| Do you get fatigued or short of breath easily?                                                                                                                                                               |         |
| Do you have any known reactions to any foods (e.g. peanuts), Bee Stings or insect bites? (if yes please answer below)                                                                                        |         |
| Do you have your own Epipen?                                                                                                                                                                                 |         |
| Do you have any other allergies?(eg penicillin, latex, hayfever etc)                                                                                                                                         |         |
| Do you ever faint or have had blackout spells?                                                                                                                                                               |         |
| Do you have any blood or bleeding disorders?                                                                                                                                                                 |         |
| Have you ever had epilepsy or any neurological disorder?                                                                                                                                                     |         |
| Do you have diabetes?                                                                                                                                                                                        |         |
| Do you have any heart conditions?                                                                                                                                                                            |         |
| Do you suffer from any joint, musculo-skeletal or from recurrent dislocation (eg shoulder) problems?                                                                                                         |         |
| Do you have any back problems?                                                                                                                                                                               |         |
| Do you have any limiting physical handicap (including sight/hearing problems)?                                                                                                                               |         |
| Do you have any mental disorders, mental illness or intellectual problems (treatment for mental depression must be included)?                                                                                |         |
| Have you ever had a major operation?                                                                                                                                                                         |         |



YES/NO

| Are you presently being treated by a doctor? If yes, please give their name and contact ph and email below:                               |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                                                                                                                           |  |  |  |
|                                                                                                                                           |  |  |  |
| Are you taking any regular medication? If yes, please list the medication, dosage, and condition being treated below:                     |  |  |  |
|                                                                                                                                           |  |  |  |
|                                                                                                                                           |  |  |  |
| Any dietary requirements (e.g. vegetarian) If yes, please list below:                                                                     |  |  |  |
|                                                                                                                                           |  |  |  |
| Is there anything else that we should know about, that could affect your ability to undertake your duties? If yes, please describe below: |  |  |  |
|                                                                                                                                           |  |  |  |
|                                                                                                                                           |  |  |  |
|                                                                                                                                           |  |  |  |
|                                                                                                                                           |  |  |  |
|                                                                                                                                           |  |  |  |
| Applicant Signature: Date :                                                                                                               |  |  |  |
| Parent or Caregiver Signature (if under 18 years of age:                                                                                  |  |  |  |
| Date :                                                                                                                                    |  |  |  |

# **Please Note**

To be accepted for the cadetship, you may also need to:

- Attend an interview
- Pass police vetting
- Provide references