



New Zealand Principals' Delegation to China 2026

Application Form

Personal Details

First name: _____ Surname: _____

Gender: ☐ Male ☐ Female Ethnicity: _____

Date of Birth: _____ Passport No: _____ Expiry Date: _____

School: _____

Job title: _____

School postal address: _____

Email: _____

Personal mobile number: _____

School phone number: _____

School fax number: _____

Applicant's home address: _____

Home phone number: _____

Emergency contact details

Name: _____ Relationship: _____

Phone number: _____ Mobile number: _____

Email: _____

Future Plans

Why are you applying for this delegation? How do you plan to use your experience on the tour to contribute to your school on your return?

Please attach a separate page to answer this question. Your comments should include reference to the current situation in your school, future directions, curriculum needs, objectives for your students regarding Chinese. Any other information you consider relevant will be helpful for the selection committee as we receive more applications than we are able to accommodate.

Other Details

Have you visited China before? Please give brief details.

Do you have any current medical conditions about which the organisers of the tour should be notified?

Do you have any special dietary considerations?

Declaration by Applicant

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

1. Attend a pre-trip meeting, held in Christchurch.
2. Cooperate and participate in all activities during the tour.
3. Purchase my own travel and medical insurance.
4. Complete a feedback form after the tour.
5. Participate in a review of the tour and be available for media interviews on my return to New Zealand.

Signature of applicant: _____

Date: _____

School Information:

School type: ☐ Primary ☐ Secondary ☐ Composite ☐ Other

School Roll: _____

Currently offering Chinese Classes? ☐ Yes ☐ No

Any other comments you wish to make about your school?

Board of Trustee's Endorsement:

I support this application for: _____

Comments:

Name and position on the Board:

Signature:

School:

Date: _____

Referees:

Please provide the name, professional title, address and contact phone numbers (include home, work and mobile phone numbers) of two referees who have knowledge of your career background.

Name: _____

Professional title: _____

Address: _____

Phone number/s: _____

Name: _____

Professional title: _____

Address: _____

Phone number/s: _____



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Checklist

Information required	Tick
Complete Application Form	
Curriculum Vitae	
Names of two referees with contact details	
Copy of front page of passport	

This must be submitted by **Friday, 21 November 2025** either by email to confucius-institute@canterbury.ac.nz or by post to:

Confucius Institute
University of Canterbury
Private Bag 4800
Christchurch 8140

For further information, application forms, or any inquiries, please contact us via the email or visit our website at Confucius Institute programmes | University of Canterbury.