Garden Guide Application form 2025
Form Preview

Eligibility

* indicates a required field

Applicants:

Before completing this application form, you should have read the program guidelines: **community-garden-guide-digi.pdf**.

If you have any questions in regards to these eligibility criteria, please contact **CommunityDevelopment@pncc.govt.nz**.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- You have read and understood the garden guide guidelines.
- We take your privacy seriously. To find out why Palmerston North City Council collects and stores your personal information, what we will use it for and with whom we can share it, see our privacy statement

You must confirm that you have read and understood the above statements *
☐ Yes

Contact Details

First Applicant

If you are an organisation you will be asked for business details in the next section. Organisations only need to complete "first applicant section"

If you select "individual," you need a group of at least three community members to complete the section below.

Applicant
○ Individual   ○ Organisation
Organisation Name

Title   First Name   Last Name

Address
Address

Phone Number

Must be a New Zealand phone number.

Email

Must be an email address.

Second Applicant

Name

○ Individual   ○ Organisation

Organisation Name

Title	First Name	Last Name

Address

Address

Phone Number

Must be a New Zealand phone number.

Email

Must be an email address.

Third Applicant

Name

○ Individual   ○ Organisation

Organisation Name

Title	First Name	Last Name

Address

Address

Phone Number

Must be a New Zealand phone number.

Email

Must be an email address.

Organisation Details

Only complete this section if you selected "organisation"

Applicant NZBN

The NZBN provided will be used to look up the following information. Click Lookup above to check that you have entered the NZBN correctly.

New Zealand Companies Register Information
NZBN
Entity Name
Registration Date
Entity Status
Entity Type
Registered Address
Office Address

Must be formatted correctly.

Applicant NZ Charity Registration Number (CRN)

The Charity Registration Number provided will be used to look up the following information. Click Lookup above to check that you have entered the Charity Registration Number correctly.

New Zealand Charities Register Information
Charity Registration
Number
Organisation Name
Other Names
Status
Street Address

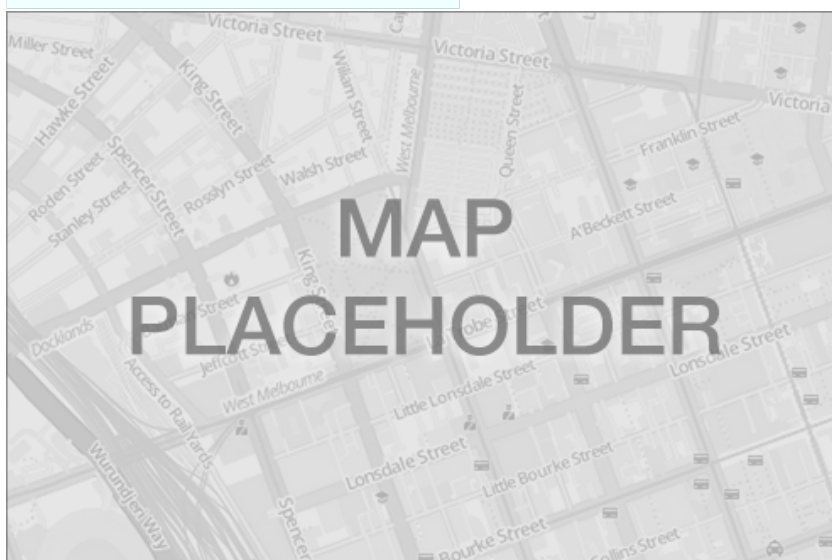| Postal Address |
| Telephone |
| Fax |
| Email |
| Website |
| Date Registered |

Must be formatted correctly.

Garden details

Location

Where will your garden be located?
Address

What factors have you considered when choosing the location for the garden

Water Supply How will you ensure reliable and cost-effective access to water for your garden?

Waste Management Plan/Composting Where will you locate your compost bin? What is your plan for handling green waste? How will you manage potential pests associated with composting?

BuildingsAre you planning to add any structures, such as a shed? If so, how will you ensure it meets the requirement of being at least 3.5 meters from the boundary, and how will it fit into your garden layout?

AccessibilityHow will you make your garden welcoming and accessible for people of all ages and abilities?

SunlightDoes your proposed garden area receive at least six hours of direct sunlight daily during the summer? Are there buildings or trees nearby that could cast excessive shade?

SpaceIs there enough space for your garden, a composting area, a shed, and possible future expansion?

LongevityWhat certainty do you have about the land's use over time? Are there any foreseeable developments that might impact the garden?

Health and Safety Have you considered potential health and safety issues, such as polluted land or soil contamination, particularly if the site has been used for other purposes before?

InfrastructureHave you checked whether the garden might interfere with underground pipes, wires, pathways, or other structures?

VisibilityHow will you ensure the garden is visible enough to enhance safety and reduce the risk of vandalism?

ResourcesWhat resources will you need to establish the garden? Have you considered options for fundraising or obtaining in-kind support?

Please describe

If you have a design plan - please attach
Attach a file:

Community benefits

Describe what you hope to achieve with the garden and why its important to you? For example, is it about community connectivity, food supply, teaching gardening skills, recreation or more than one of these?

What steps will be taken to set up the garden and keep it well-maintained?

What are the methods you will use to keep the neighbourhood informed and engaged?

Discuss how the garden can be used to teach skills such as gardening, composting, water conservation, or food preparation.

Team achievements

To help us understand how your group will manage the garden, please answer the following questions:

Share how your group will make decisions, resolve issues, and involve new people.

Describe your budget, sources of funding or resources, and the plan for starting up and maintaining the garden

Attachments

If you have any further information you would like to add to support your application, please attach
Attach a file:

Declaration and Feedback

* indicates a required field

Declaration

I declare that to the best of my knowledge the statements made within this application are true and correct.

If this application is approved, I understand that I will be required to complete the annual report for the Community Garden.

I agree * ☐ Yes

Name *	Title	First Name	Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

○ Very easy   ○ Easy   ○ Neutral   ○ Difficult   ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.