

**INSTRUCTIONS** Please read the instructions below carefully before you complete this enrolment form.

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and registration reasons. Please fill in the form properly by:  
 1 Completing all sections of the form. 2 Printing your answers clearly in pen, or by ticking the box that applies for multi-choice questions. 3 Signing the form.

| A PERSONAL DETAILS                       |  |   |   |   |   |  |
|--|--|---|---|---|---|--|
| 1  | Print your full legal name:  |   |   |   |   |  |
|  | Family Name:   |   |   |   |   |  |
|  | Given Name(s):   |   |   |   |   |  |
| 2  | Preferred first name:  |   |   |   |   |  |
|  | Previous name(s) known by:   |   |   |   |   |  |
| 3  | If you have previously enrolled at this organisation under another name, what was that name?   |   |   |   |   |  |
| 4  | Preferred title:   | Ms <input type="checkbox"/>   | Miss <input type="checkbox"/>   | Mrs <input type="checkbox"/>                      | Mr <input type="checkbox"/>                   | Other (Specify):                                 |
| 5  | Date of birth:   | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   | Gender:   | Male <input type="checkbox"/>                 | Female <input type="checkbox"/>                  |
|  |  | day   | month   | year  |   |  |
| 6  | Country of birth:  |   |   |   |   |  |
| 7  | If you have a New Zealand NSN (National Student Number), please write it here:   |   | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |   |   |  |
| B CONTACT DETAILS                        |  |   |   |   |   |  |
| 8  | Home Address and contact details:<br><br>Please circle one of the following types of accommodation:<br><br>Homestay<br>Family/Friend<br>Hostel | Home Address:   |   |   |   | Postal Address: (if different from home address) |
|  |  | Street Address:   |   |   |   | Street Address:                                  |
|  |  | Suburb:   |   |   |   | Suburb:  |
|  |  | Town/City:  |   |   |   | Town/City:                                       |
|  |  | Post Code:  |   |   |   | Post Code:                                       |
|  |  | Country   |   |   |   | Country:   |
|  | Phone:   | Mobile:   |   | Email:  |   |  |
| 9  | Address while Studying (if different from home address):   |   | Please circle one of the following that best describes your accommodation arrangements (which must be made prior to arriving in NZ). You will be staying:   |   |   |  |
|  | Street Address:  |   |   | With family / friends                             | Personally renting a flat, house or apartment |  |
|  | Suburb:  |   |   | In a home-stay                                    | Other (please describe below):                |  |
|  | Town/City:   |   |   | In a youth hostel                                 |   |  |
|  | Post Code:   |   |   |   |   |  |
|  | Phone:   | Mobile:   |   | Email:  |   |  |
|  | Next of Kin:   | Name:   |   |   | Phone:  |  |
| For office use only                      | Course #:  | Public Trust #:   |   | Type of ID:                                       |   |  |
| Student Contract out: (Date)             | Start Date:  | Pub Trust out (Date):   |   | Student Handbook Signed: <input type="checkbox"/> |   |  |
| Student Contract in: (Date)              | End Date:  | Pub Trust in (Date):  |   | Enrolment complete: <input type="checkbox"/>      |   |  |
| Enrolled by:                             | Med ins start date   | Entered into SMS (Date):  |   |   |   |  |
|  | Med ins end date   |   |   |   |   |  |
|  | Copy on file   |   |   |   |   |  |
| Copy of Photo page in Visa attached      |  |   | Copy of receipt attached  |   |   |  |
| Copy of Visa Made out to TNZIIT attached |  |   | Letter of acceptance attached   |   |   |  |
| Offer of place letter attached           |  |   |   |   |   |  |

**C**

|  |   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
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| <b>10</b>  | <p><b>Citizenship and Residency:</b></p> <p>You may need to supply evidence of residence or citizenship</p>   | <p>Tick the box which best describes your citizenship or permanent residency status.</p> <p>_____</p> <p>(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)</p> <hr/> <p>If you ticked "Other", please also specify your fee/assistance status.</p> <table style="width:100%; border:none;"> <tr> <td><i>Full Fee Paying International Student</i></td> <td style="text-align:right;"><input type="checkbox"/> 01</td> </tr> <tr> <td><i>Exchange Scheme approved by Ministry of Education</i></td> <td style="text-align:right;"><input type="checkbox"/> 03</td> </tr> <tr> <td><i>Foreign Research Based Post-Graduate</i></td> <td style="text-align:right;"><input type="checkbox"/> 04</td> </tr> <tr> <td><i>Military Personnel, Diplomatic Staff or Family, or</i></td> <td style="text-align:right;"><input type="checkbox"/> 06</td> </tr> <tr> <td><i>Persons Associated with Operation Deep Freeze</i></td> <td style="text-align:right;"><input type="checkbox"/> 08</td> </tr> <tr> <td><i>On-Shore International PhD student</i></td> <td style="text-align:right;"><input type="checkbox"/> 09</td> </tr> </table> <hr/> <p>During your time studying in this qualification will you be resident in New Zealand or overseas?</p> <table style="width:100%; border:none;"> <tr> <td><i>In New Zealand</i></td> <td style="text-align:center;"><input type="checkbox"/></td> <td style="text-align:center;"><i>Overseas</i></td> <td style="text-align:center;"><input type="checkbox"/></td> </tr> </table>  |                                    | <i>Full Fee Paying International Student</i>   | <input type="checkbox"/> 01     | <i>Exchange Scheme approved by Ministry of Education</i> | <input type="checkbox"/> 03         | <i>Foreign Research Based Post-Graduate</i> | <input type="checkbox"/> 04                  | <i>Military Personnel, Diplomatic Staff or Family, or</i> | <input type="checkbox"/> 06   | <i>Persons Associated with Operation Deep Freeze</i>   | <input type="checkbox"/> 08                  | <i>On-Shore International PhD student</i> | <input type="checkbox"/> 09   | <i>In New Zealand</i>                                  | <input type="checkbox"/>     | <i>Overseas</i>                | <input type="checkbox"/>    |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Full Fee Paying International Student</i>   | <input type="checkbox"/> 01   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Exchange Scheme approved by Ministry of Education</i>   | <input type="checkbox"/> 03   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Foreign Research Based Post-Graduate</i>  | <input type="checkbox"/> 04   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Military Personnel, Diplomatic Staff or Family, or</i>  | <input type="checkbox"/> 06   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Persons Associated with Operation Deep Freeze</i>   | <input type="checkbox"/> 08   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
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| <i>In New Zealand</i>  | <input type="checkbox"/>  | <i>Overseas</i>  | <input type="checkbox"/>           |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <b>11</b>  | <p><b>Ethnicity:</b></p> <p>What ethnic group(s) do you belong to?</p> <p>You may tick up to three boxes, which apply to you.</p>   | <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <table style="width:100%; border:none;"> <tr><td><i>Samoan</i></td><td style="text-align:right;"><input type="checkbox"/> 311</td></tr> <tr><td><i>Cook Island Māori</i></td><td style="text-align:right;"><input type="checkbox"/> 321</td></tr> <tr><td><i>Tongan</i></td><td style="text-align:right;"><input type="checkbox"/> 331</td></tr> <tr><td><i>Niue</i></td><td style="text-align:right;"><input type="checkbox"/> 341</td></tr> <tr><td><i>Tokelauen</i></td><td style="text-align:right;"><input type="checkbox"/> 351</td></tr> <tr><td><i>Fijian</i></td><td style="text-align:right;"><input type="checkbox"/> 361</td></tr> <tr><td><i>Other Pacific Peoples</i></td><td style="text-align:right;"><input type="checkbox"/> 371</td></tr> <tr><td><i>British/Irish</i></td><td style="text-align:right;"><input type="checkbox"/> 121</td></tr> <tr><td><i>Dutch</i></td><td style="text-align:right;"><input type="checkbox"/> 122</td></tr> <tr><td><i>Greek</i></td><td style="text-align:right;"><input type="checkbox"/> 123</td></tr> <tr><td><i>Polish</i></td><td style="text-align:right;"><input type="checkbox"/> 124</td></tr> <tr><td><i>South Slav</i></td><td style="text-align:right;"><input type="checkbox"/> 125</td></tr> <tr><td><i>Italian</i></td><td style="text-align:right;"><input type="checkbox"/> 126</td></tr> <tr><td><i>German</i></td><td style="text-align:right;"><input type="checkbox"/> 127</td></tr> <tr><td><i>Australian</i></td><td style="text-align:right;"><input type="checkbox"/> 128</td></tr> <tr><td><i>Other European</i></td><td style="text-align:right;"><input type="checkbox"/> 129</td></tr> </table> </td> <td style="width:50%; 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| <i>Samoan</i>  | <input type="checkbox"/> 311  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Cook Island Māori</i>   | <input type="checkbox"/> 321  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Tongan</i>  | <input type="checkbox"/> 331  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Niue</i>  | <input type="checkbox"/> 341  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Tokelauen</i>   | <input type="checkbox"/> 351  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Fijian</i>  | <input type="checkbox"/> 361  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Other Pacific Peoples</i>   | <input type="checkbox"/> 371  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>British/Irish</i>   | <input type="checkbox"/> 121  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Dutch</i>   | <input type="checkbox"/> 122  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Greek</i>   | <input type="checkbox"/> 123  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Polish</i>  | <input type="checkbox"/> 124  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>South Slav</i>  | <input type="checkbox"/> 125  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Italian</i>   | <input type="checkbox"/> 126  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>German</i>  | <input type="checkbox"/> 127  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Australian</i>  | <input type="checkbox"/> 128  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Other European</i>  | <input type="checkbox"/> 129  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Filipino</i>  | <input type="checkbox"/> 411  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Cambodian</i>   | <input type="checkbox"/> 412  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Vietnamese</i>  | <input type="checkbox"/> 413  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Other Southeast Asian</i>   | <input type="checkbox"/> 414  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Chinese</i>   | <input type="checkbox"/> 421  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Indian</i>  | <input type="checkbox"/> 431  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Sri Lankan</i>  | <input type="checkbox"/> 441  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Japanese</i>  | <input type="checkbox"/> 442  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Korean</i>  | <input type="checkbox"/> 443  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Other Asian</i>   | <input type="checkbox"/> 444  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Middle Eastern</i>  | <input type="checkbox"/> 511  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Latin American</i>  | <input type="checkbox"/> 521  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>African</i>   | <input type="checkbox"/> 531  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Other</i>   | <input type="checkbox"/> 611  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Not Stated</i>  | <input type="checkbox"/> 999  |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <b>12</b>  | <p><b>Disability:</b></p> <p>Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential.</p> <p><i>If yes, how would you describe your impairment, disability or long term medical condition:</i></p> | <p>Yes <input type="checkbox"/></p>  | <p>No <input type="checkbox"/></p> |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <b>13</b>  | <p><b>Prior activity:</b></p>   | <p>What was your MAIN activity or occupation at 1 October 2009? You may tick only one box.</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> <table style="width:100%; border:none;"> <tr><td><i>Secondary school student</i></td><td style="text-align:right;"><input type="checkbox"/> 01</td></tr> <tr><td><i>Wage or salary worker</i></td><td style="text-align:right;"><input type="checkbox"/> 03</td></tr> <tr><td><i>University student</i></td><td style="text-align:right;"><input type="checkbox"/> 05</td></tr> <tr><td><i>College of Education student</i></td><td style="text-align:right;"><input type="checkbox"/> 07</td></tr> <tr><td><i>Overseas (irrespective of occupation)</i></td><td style="text-align:right;"><input type="checkbox"/> 09</td></tr> </table> </td> <td style="width:50%; border:none;"> <table style="width:100%; border:none;"> <tr><td><i>Non-employed or beneficiary (excluding retired)</i></td><td style="text-align:right;"><input type="checkbox"/> 02</td></tr> <tr><td><i>Self-employed</i></td><td style="text-align:right;"><input type="checkbox"/> 04</td></tr> <tr><td><i>Polytechnic student</i></td><td style="text-align:right;"><input type="checkbox"/> 06</td></tr> <tr><td><i>House-person or retired</i></td><td style="text-align:right;"><input type="checkbox"/> 08</td></tr> <tr><td><i>Private Training Establishment student</i></td><td style="text-align:right;"><input type="checkbox"/> 11</td></tr> </table> </td> </tr> </table>  |                                    | <table style="width:100%; border:none;"> <tr><td><i>Secondary school student</i></td><td style="text-align:right;"><input type="checkbox"/> 01</td></tr> <tr><td><i>Wage or salary worker</i></td><td style="text-align:right;"><input type="checkbox"/> 03</td></tr> <tr><td><i>University student</i></td><td style="text-align:right;"><input type="checkbox"/> 05</td></tr> <tr><td><i>College of Education student</i></td><td style="text-align:right;"><input type="checkbox"/> 07</td></tr> <tr><td><i>Overseas (irrespective of occupation)</i></td><td style="text-align:right;"><input type="checkbox"/> 09</td></tr> </table>  | <i>Secondary school student</i> | <input type="checkbox"/> 01                              | <i>Wage or salary worker</i>        | <input type="checkbox"/> 03                 | <i>University student</i>                    | <input type="checkbox"/> 05                               | <i>College of Education student</i>   | <input type="checkbox"/> 07                            | <i>Overseas (irrespective of occupation)</i> | <input type="checkbox"/> 09               | <table style="width:100%; border:none;"> <tr><td><i>Non-employed or beneficiary (excluding retired)</i></td><td style="text-align:right;"><input type="checkbox"/> 02</td></tr> <tr><td><i>Self-employed</i></td><td style="text-align:right;"><input type="checkbox"/> 04</td></tr> <tr><td><i>Polytechnic student</i></td><td style="text-align:right;"><input type="checkbox"/> 06</td></tr> <tr><td><i>House-person or retired</i></td><td style="text-align:right;"><input type="checkbox"/> 08</td></tr> <tr><td><i>Private Training Establishment student</i></td><td style="text-align:right;"><input type="checkbox"/> 11</td></tr> </table> | <i>Non-employed or beneficiary (excluding retired)</i> | <input type="checkbox"/> 02  | <i>Self-employed</i>           | <input type="checkbox"/> 04 | <i>Polytechnic student</i>                    | <input type="checkbox"/> 06 | <i>House-person or retired</i> | <input type="checkbox"/> 08 | <i>Private Training Establishment student</i> | <input type="checkbox"/> 11 |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
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| <i>Secondary school student</i>  | <input type="checkbox"/> 01   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Wage or salary worker</i>   | <input type="checkbox"/> 03   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>University student</i>  | <input type="checkbox"/> 05   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>College of Education student</i>  | <input type="checkbox"/> 07   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Overseas (irrespective of occupation)</i>   | <input type="checkbox"/> 09   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Non-employed or beneficiary (excluding retired)</i>   | <input type="checkbox"/> 02   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Self-employed</i>   | <input type="checkbox"/> 04   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Polytechnic student</i>   | <input type="checkbox"/> 06   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>House-person or retired</i>   | <input type="checkbox"/> 08   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |
| <i>Private Training Establishment student</i>  | <input type="checkbox"/> 11   |  |                                    |  |                                 |  |                                     |   |  |   |   |  |  |   |   |  |                              |                                |                             |   |                             |                                |                             |   |                             |                              |                   |                              |                   |                              |                       |                              |  |                              |                              |                              |  |                   |                              |                              |                              |                   |                              |                              |                              |                   |                              |                 |                              |                   |                              |                    |                              |                       |                              |                       |                              |                       |                              |                       |                              |                   |                              |              |                              |                   |                              |

| D ACADEMIC INFORMATION |   |   |            |
|------------------------|---|---|------------|
| 14                     | Secondary School:   | What was the name of the last secondary school you attended?<br>_____   | Office Use |
|                        |   | What was your last year at secondary school? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |            |
|                        |   | What is the highest level of achievement you hold from a secondary school? Your highest achievement may be a "traditional" award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box. |            |
|                        |   | No formal secondary qualifications <input type="checkbox"/> 00  |            |
|                        |   | 14 or more credits at any level <input type="checkbox"/> 11   |            |
|                        |   | NCEA Level 1 or School Certificate <input type="checkbox"/> 12  |            |
|                        |   | NCEA Level 2 or 6 <sup>th</sup> Form Certificate <input type="checkbox"/> 13  |            |
|                        |   | University Entrance <input type="checkbox"/> 14   |            |
|                        |   | NCEA Level 3 or Bursary or Scholarship <input type="checkbox"/> 15  |            |
|                        |   | Overseas qualification (includes International Baccalaureate & Cambridge Exams) <input type="checkbox"/> 09   |            |
|                        | Other <input type="checkbox"/> 98                               |   |            |
|                        | Not Known <input type="checkbox"/> 99                           |   |            |
|                        | Please specify if "Overseas qualification" or "Other".<br>_____ |   |            |

| E QUALIFICATION |   |  |                                    |
|-----------------|---|--|------------------------------------|
| 15              | Please write the name of the qualification you wish to enrol in:                                | <b>Diploma in PC Support</b>   | Office Use                         |
|                 | Qualification Start Date:   |  |                                    |
|                 | Qualification End Date (if known):  |  |                                    |
| 16              | Have you studied at Techtorium NZIIT before?<br>If you answered "yes", what was your ID number? | Yes <input type="checkbox"/>   | No <input type="checkbox"/>        |
| 17              | Do you intend to study:   | Part time <input type="checkbox"/>   | Full time <input type="checkbox"/> |
| 18              | Please enter the names(s) of the courses you wish to enrol in                                   |  |                                    |
| 19              | Tertiary Study:   | Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.<br>No <input type="checkbox"/> Yes <input type="checkbox"/> |                                    |
|                 |   | If you answered "No", please enter the name of the organisation you studied at and the year of your first enrolment:<br>Name:<br>_____<br>Year: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |                                    |
|                 |   | What year do you expect to complete the academic requirements of your course/s in order to graduate with your qualification?<br>Year: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  |                                    |

| F OTHER INFORMATION |  |                         |                              |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
|---------------------|--|-------------------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-----------------------|------------------------------|--------------------|------------------------------|--------|------------------------------|-------------------|------------------------------|--|--|--------|------------------------------|-------------------------|------------------------------|---------------|------------------------------|---------------|------------------------------|--------------------|------------------------------|-------|------------------------------|
| 20                  | <p>How Did you hear about Techtorium?</p> <table border="0"> <tr> <td>NZ Herald</td> <td><input type="checkbox"/> 101</td> <td>Career Expo</td> <td><input type="checkbox"/> 401</td> </tr> <tr> <td>Aucklandner</td> <td><input type="checkbox"/> 102</td> <td>School Career Teacher</td> <td><input type="checkbox"/> 402</td> </tr> <tr> <td>Suburban Newspaper</td> <td><input type="checkbox"/> 103</td> <td>Unitec</td> <td><input type="checkbox"/> 403</td> </tr> <tr> <td>Other print media</td> <td><input type="checkbox"/> 110</td> <td></td> <td></td> </tr> <tr> <td>Friend</td> <td><input type="checkbox"/> 201</td> <td>Other tertiary Provider</td> <td><input type="checkbox"/> 410</td> </tr> <tr> <td>Family member</td> <td><input type="checkbox"/> 202</td> <td>Other Website</td> <td><input type="checkbox"/> 302</td> </tr> <tr> <td>Techtorium Website</td> <td><input type="checkbox"/> 301</td> <td>Other</td> <td><input type="checkbox"/> 501</td> </tr> </table> <p>If you have selected "Other print media", "Other tertiary provider", "Other Website" or "Other" please specify:</p> <hr/> | NZ Herald               | <input type="checkbox"/> 101 | Career Expo | <input type="checkbox"/> 401 | Aucklandner | <input type="checkbox"/> 102 | School Career Teacher | <input type="checkbox"/> 402 | Suburban Newspaper | <input type="checkbox"/> 103 | Unitec | <input type="checkbox"/> 403 | Other print media | <input type="checkbox"/> 110 |  |  | Friend | <input type="checkbox"/> 201 | Other tertiary Provider | <input type="checkbox"/> 410 | Family member | <input type="checkbox"/> 202 | Other Website | <input type="checkbox"/> 302 | Techtorium Website | <input type="checkbox"/> 301 | Other | <input type="checkbox"/> 501 |
| NZ Herald           | <input type="checkbox"/> 101   | Career Expo             | <input type="checkbox"/> 401 |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
| Aucklandner         | <input type="checkbox"/> 102   | School Career Teacher   | <input type="checkbox"/> 402 |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
| Suburban Newspaper  | <input type="checkbox"/> 103   | Unitec                  | <input type="checkbox"/> 403 |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
| Other print media   | <input type="checkbox"/> 110   |                         |                              |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
| Friend              | <input type="checkbox"/> 201   | Other tertiary Provider | <input type="checkbox"/> 410 |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
| Family member       | <input type="checkbox"/> 202   | Other Website           | <input type="checkbox"/> 302 |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |
| Techtorium Website  | <input type="checkbox"/> 301   | Other                   | <input type="checkbox"/> 501 |             |                              |             |                              |                       |                              |                    |                              |        |                              |                   |                              |  |  |        |                              |                         |                              |               |                              |               |                              |                    |                              |       |                              |

**G DOCUMENTATION**

**International students** must bring their passport with them when they enrol.

**Please note** that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see: <http://www.nsi.govt.nz/ima>.

**21** Please list here all documents that you have attached to this enrolment form. Documents should be securely stapled to the back of the form.

**DECLARATION**

**Privacy** – The Organisation collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards). The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.

In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that the Organisation will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the Organisation to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <http://www.privacy.org.nz/privacy-act>

**Fees** – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The Organisation's policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

**Rules** – In signing this enrolment form you undertake to comply with the published rules and policies of the Organisation with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

**Declaration** – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Signature Date

➤ Please make sure that you sign your enrolment form above ◀