

ETHNIC ORIGIN

<input type="checkbox"/> 111	NZ European/Pakeha	<input type="checkbox"/> 123	Greek	<input type="checkbox"/> 421	Chinese
<input type="checkbox"/> 211	NZ Maori	<input type="checkbox"/> 124	Polish	<input type="checkbox"/> 431	Indian
<input type="checkbox"/> 311	Samoan	<input type="checkbox"/> 125	South Slav	<input type="checkbox"/> 441	Sri Lankan
<input type="checkbox"/> 321	Cook Island Maori	<input type="checkbox"/> 126	Italian	<input type="checkbox"/> 442	Japanese
<input type="checkbox"/> 331	Tongan	<input type="checkbox"/> 127	German	<input type="checkbox"/> 443	Korean
<input type="checkbox"/> 341	Niue	<input type="checkbox"/> 128	Australian	<input type="checkbox"/> 444	Other Asian
<input type="checkbox"/> 351	Tokelauen	<input type="checkbox"/> 129	Other European	<input type="checkbox"/> 511	Middle Eastern
<input type="checkbox"/> 361	Fijian	<input type="checkbox"/> 411	Filipino	<input type="checkbox"/> 521	Latin American
<input type="checkbox"/> 371	Other Pacific Peoples	<input type="checkbox"/> 412	Cambodian	<input type="checkbox"/> 531	African
<input type="checkbox"/> 121	British/Irish	<input type="checkbox"/> 413	Vietnamese	<input type="checkbox"/> 611	Other
<input type="checkbox"/> 122	Dutch	<input type="checkbox"/> 414	Other Southeast Asian	<input type="checkbox"/> 999	Not Stated

MEDICAL DETAILS

Please provide details of any medical condition or medication being taken of which we should be aware, e.g., asthma.

EMERGENCY CONTACT

Name(s):			
Address:			
Phone No.	()	Relationship:	

DECLARATION

I hereby declare the information given to be true and understand that if I have supplied false information, or not complied with the Academic Regulations of Tai Poutini Polytechnic, my enrolment may be cancelled by the Chief Executive Officer. I authorise any information given to be used in compliance with the Privacy Act.

Signature:

Date: