



2009 STAR Course ENROLMENT FORM

PERSONAL DETAILS

[please print clearly]

Title: Mr, Mrs, Miss, Ms			
Surname (please print):			
Legal First Names:			
Preferred First Name:			
Previous Name (if different):			
Date of Birth:	/	/	
	Gender: Male		Female

Please complete if you can
Student ID
NZQA No.

STUDY CONTRACT

Course Name	Date Course Begins	Location
		MAINZ

ADDRESS DETAILS

Home Postal Address:

Telephone No. () _____ STD

School Address:

Telephone No. () _____ STD

Contact Fax No. ()

Contact Email:

CITIZENSHIP DETAILS

Tick the box that best describes your Citizenship or Permanent Residence Status.

<input type="checkbox"/>	NZ Citizen	<input type="checkbox"/>	Australian Citizen
<input type="checkbox"/>	NZ Permanent Resident	<input type="checkbox"/>	Other _____

Specify your country of Citizenship

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

121 British/Irish
 122 Dutch

413 Vietnamese
 414 Other Southeast Asian

611 Other
 999 Not Stated

IWI

*If you identified as New Zealand Maori (20) in the Ethnic Origin section, with which Iwi do you identify? You may enter more than one Iwi.

SECONDARY EDUCATION

What is the name of the secondary school you are currently attending? State "Overseas" if applicable.

What Year are you in?

MEDICAL DETAILS

Do you live with the effects of injury, long term illness or disability?

Yes

No

Please provide details of any health factors or physical limitations which might affect the training being performed, personal safety or the safety of others.

EMERGENCY CONTACT DETAILS

Contact person in case of emergency

Name: _____
Address: _____

NB: A PO BOX IS NOT ACCEPTABLE

Home telephone: [] _____
Work telephone: [] _____
Cell phone: _____
Relationship: _____

DECLARATION

I consent to the personal information which I have provided to the Polytechnic being used for purposes related to the advancement of my studies and as required by protocols between external agencies and the Polytechnic. I understand that without this consent my enrolment application cannot proceed.

I hereby declare the information given to be true and complete. I authorise any information given to be used in compliance with the Privacy Act.

Signature:

Date: