

2009 SHORT 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	<input type="checkbox"/>	Female

Please complete if you can
Student ID
<input type="text"/>
NZQA No.
<input type="text"/>

Have you previously attended any course at this polytechnic?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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STUDY CONTRACT

Full payment for classes must be made prior to attending the course. Refunds will not be made for cancellations made less than **four** days prior to the commencement of the course.

Course Name	Which days do you prefer?		
	Mon/Wed <input type="checkbox"/>	Tue/Thur <input type="checkbox"/>	No Preference <input type="checkbox"/>

ADDRESS DETAILS

Home Postal Address:
<input type="text"/>
<input type="text"/>
Telephone No. () <input type="text"/>
STD <input type="text"/>

Work Postal Address:
<input type="text"/>
<input type="text"/>
Telephone No. () <input type="text"/>
STD <input type="text"/>

Contact Fax No. () <input type="text"/>

Contact Email: <input type="text"/>
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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
<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

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 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.

- | | | | |
|-----------------------------|--|-----------------------------|--|
| <input type="checkbox"/> 00 | No Secondary Qualifications | <input type="checkbox"/> 15 | NCEA Level 3 or Bursary or Scholarship |
| <input type="checkbox"/> 11 | 14 or more credits at any level | <input type="checkbox"/> 09 | Overseas Qualification |
| <input type="checkbox"/> 12 | NCEA Level 1 or School Certificate | <input type="checkbox"/> 98 | Other - please specify |
| <input type="checkbox"/> 13 | NCEA Level 2 or Sixth Form Certificate | <input type="checkbox"/> 99 | Not Known |
| <input type="checkbox"/> 14 | University Entrance | | |

What was the name of the last secondary school you attended? State "Overseas" if applicable.

When was your last year at secondary school?

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 purposes related to the advancement of my studies and as required by protocols external agencies and the Polytechnic. I understand that without this consent application cannot proceed.

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

Signature:

Date:

being used for
between
my enrolment

information