

Please complete this form and send it, with supporting documents, by email to: info@nzie.ac.nz or by post: New Zealand Institute of Education

OFFICE USE ONLY Received by: Pre-Enrolment ID: Student ID: NSI:

Legal Family Name:

National Student Number:

Preferred Name:

TAKAPUNA CAMPUS: PO Box 331672 Takapuna 0622 Auckland, NEW ZEALAND

Ph: +64 9 489 6205

Date of Birth:

MANUKAU CAMPUS: PO Box 97015 Manukau 2244 Auckland, NEW ZEALAND Ph: +64 9 263 6940

Gender:

Female

PERSONAL DETAILS

Legal First Name:

Have you studied at NZIE before? Yes No				
If you answered yes above: Under w	hat name?	Student ID Number:		
	HOW DIE	D YOU HEAR ABOUT US?		
Advertising	www.nzie.ac.nz	Agent		
NZ High Commission/Embassy	Family/Friend	Education Exhibition/Fair		
Google/Search Engine	Other (please spe	ecify):		
	CON	TACT DETAILS		
The information below is compulsory	y for all students. Please provide er	emergency contact details in New Zealand and in your home country.		
YOU	R DETAILS	EMERGENCY CONTACT DETAILS		
Address:		Name:		
		Relationship to you:		
Suburb:	Post Code:	Address:		
Town/City:				
Mobile Phone:		Suburb: Post Code:		
Phone:		Town/City:		
Email:		Mobile Phone:		
		Phone:		
		Email:		



CITIZENCUID 9 DECIDENCV

	CITIZENSHIP & I	KLSIDLING I
What is your residency status currently:		
New Zealand Citizen (NZL)	New Zealand Permanent Resident (NZP)	Australian Citizen (AUS)
Other:		
(For dual citizenship, use the pa	ssport you used to enter New Zealand)	
Please specify your fee/assistance status:		
Student Loan	NZAID Scholarship	Exchange student approved by Ministry of Education
Fee paying foreign student	Other:	
During your enrolment what will be your resi	idency status:	
Resident in NZ	Resident Overseas	
	ETHNICITY	
New Zealand European/Pakeha	Greek	Chinese
New Zealand Māori	Polish	Indian
lwi:	South Slav	Sri Lankan
Samoan	Italian	Japanese
Cook Island Māori	German	Korean
Tongan	Australian	Asian (Other)
Niue	European (Other)	Middle Eastern
Tokelauan	Filipino	Latin American
Fijian	Cambodian	African
Pacific Islander (Other)	Vietnamese	Other
British/Irish	South East Asian (Other)	Not Stated
Dutch		
Please specify if you ticked Pacific Islander (O	ther), European (Other), South East Asian (Other),	Asian (Other) or Other:
	MEDICAL OP D	ICADII ITV

Please complete this section if you live with the effects of a significant injury, long-term illness or disability. NZIE seeks to provide equal opportunity to all students

Do you require special needs support? Yes

Please specify your injury, illness or disability (e.g. blindness):



ACADEMIC INFORMATION

Name of Programme you would like to apply for:				
		hash should date a		
Start Date:	Please refer to our website www.nzie.ac.nz for latest start dates			
Additional Requirements/Information:				
	PRIOR ACTIV	'ITY		
What was your main activity or occupation in	New Zealand last year?			
Secondary School student	Wage or salary worker	University student		
House-person or retired	Private Training Establishment student	Self employed		
Non-employed/Beneficiary (excluding retired)	Polytechnic student	Overseas (irrespective of occupation)		
Wänanga student	NCEA Level 3/Bursary/Scholarship			
Other:				
	LANGUAGE			
to Facility was first law are 2	N.			
Is English your first language? Ye				
If no, please provide details of your English lan	guage education:			
Education Provider:	Start Date: Finish Date:	Code:		
	SECONDARY S	STUDIES		
What was the last Secondary School you atter	nded?			
What was your last year at school?				
What is the highest level of achievement you h	nold from Secondary School?			
No formal qualification	14 or more credits at any level	NCEA Level 1 or School Certificate		
NCEA Level 2 or 6th Form Certificate or University Entrance	NCEA Level 3 or Bursary			
	TERTIARY ST	UDIES		
Education Provider:	Qualification:	Year Completed:		



IRD NUMBER AND STUDENT LOAN

Have you applied for or do you currently have	e a student	loan?	Yes No			
IRD Number:						
Please provide your bank account details for	r the depos	it of items suc	h as travel allowances:			
Account Name:						
Bank:						
Branch:						
Account Number: /		/		1		
If you are currently on a Work and Income B	enefit:					
WINZ Client Number:						
What type of benefit are you currently on?						
What Work and Income Branch are you regis	tered with?					
Loan and Allowance Details:						
Are you applying for a Student Loan?	Yes	No No	Are you applying for a Student A	llowance?	Yes	No
Have you had a Student Loan in the past?	Yes	No No	Have you had a Student Allowan	ce in the past?	Yes	No
Are you applying for Living Costs?	Yes	No	If YES did you pass more than 50 last course?	% of your	Yes	No
If YES please write the weekly amount:			lust course.			
If you are applying for a Student Loan, pleas	e answer tl	ne following:				
Will you receive a Work & Income benefit while studying?	Yes	No No	Do you have dependent children	?	Yes	No
Are you legally married?	Yes	No No	Will you be applying for a Trainin Allowance? (if on DPB/Invalids be	-	Yes	No No
If YES will your spouse benefit while you are studying	Yes	No No	Are you receiving an Independen circumstances benefit? (if under		Yes	No No
Are you in a de facto partnership?	Yes	No No	Are you in undischarged bankrup	tcy?	Yes	No



PRIVACY STATEMENT

New Zealand Institute of Education (NZIE) collects and stores information using this form to:

- Manage the business of NZIE (including internal/external reporting, administrative processes and selection of scholarship and prize winners)
- Comply with the requirements of the Education Act 1989, the Public Records Act 2005 and other legislation governing tertiary education in New Zealand
- Supply information to government agencies and other organisations as set out below
- Ensure the Health and Safety of students, staff and persons in the vicinity of NZIE campuses as per the Health and Safety in Employment Act 1993

In signing this enrolment form you authorise disclosure to legitimate parties on the understanding NZIE will observe the conditions governing the release information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact the Registry. NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires NZIE 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

Supply of information to government agencies and other organisations:

NZIE works within the requirements of the Privacy Act 1993 to collect and supply data on this form to government agencies including; Ministry of Education, New Zealand Qualifications Authority, Tertiary Education Commission, Education New Zealand, Studylink/Ministry of Social Development, Inland Revenue (e.g. student loans), Immigration New Zealand and the Ministry of Business, Innovation and Employment (for those who are not New Zealand citizens or permanent residents), and agencies who support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards). When required by law, NZIE releases information to government agencies such as the New Zealand Police, Department of Justice and the Accident Compensation Corporation (ACC).

Those agencies use the data collected from tertiary organisations to:

- Administer the tertiary education system, including allocating funding
- Develop policy advice for government
- Conduct investigations, statistical analysis and research

Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register. The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes. In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993. Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.



Print Name

DOMESTIC APPLICATION FORM

DECLARATION

- I declare to the best of my knowledge all the information supplied on, and with, this application form is true and complete.
- I understand that if I am found to have supplied incorrect or false information leading to my enrolment, my enrolment may be cancelled and I may not be entitled to a refund of fees.
- I understand the requirements of maintaining enrolment including maintaining progress through attendance, academic integrity, and abiding by the rules of my programme and understand not to do so may mean withdrawal from NZIE with or without refund as per the Student Withdrawal and Refund Policy.
- I consent to abide by the requirements of NZIE Policy and Procedures described on the NZIE website and student handbook.
- I consent to abide by the Student Code of Conduct at all NZIE campuses and in all situations involving NZIE including homestay placement and off-site activities.
- I agree to the disclosure of personal information as outlined on the website, in the student handbook, and in this application form.
- I understand NZIE is not responsible for changes in the exchange rate, conversion charges, bank fees, or recruitment or immigration agent fees, and that NZIE will pass these fees on to me.
- In signing this enrolment form I undertake to pay all fees as they become due. I understand I will be liable to pay costs if NZIE incurs late fees or collection charges associated with debt recovery.
- In signing this enrolment form I undertaken to obtain insurance as required to cover me as an international student and to maintain the level and sufficiency of insurance cover required for my enrolment period.
- I agree where I have existing medical conditions, or disabilities, I will provide NZIE with medical evidence from an approved medical practitioner that I am safe and able to participate to the required level in programme activities. I understand if my existing medical condition, or disability, is determined beyond the scope of NZIE resources and facilities my enrolment may need to be declined.

Print Name (English)	Signature	Date		
Parent/Guardian declaration of students under 1	8:			
L.	as parent/guardian of	hereby accept the terms		
and conditions as described above, and consent to the disclosure of personal information as described above.				
	CHECKLIST			
Please help us to ensure your application can be	processed by checking the following documents and require	ements are complete:		
Completed all relevant sections on this form				
Passport attached				
Declaration read and signed				
Applications for Diploma Programmes:				
Verified academic transcript attached				
Proof of previous employment/education				

OFFICE USE ON

Date

Signature