



# NZIE

## DOMESTIC APPLICATION FORM

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

### OFFICE USE ONLY

Reviewed by:

Date:

Student ID:

NSI:

TAKAPUNA CAMPUS:  
Level 1, 62 Anzac Street  
Takapuna 0704  
Auckland, NEW ZEALAND  
Ph: +64 9 489 6205

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

BOTANY CAMPUS:  
Fashion Pavilion  
Botany Town Centre  
Auckland, NEW ZEALAND  
Ph: +64 9 279 3520

## PERSONAL DETAILS

Legal First Name:  Legal Family Name:

Preferred Name:  Date of Birth:  Gender:  Male  Female

National Student Number:

Have you studied at NZIE before?  Yes  No

If you answered yes above: Under what name?  Student ID Number:

## HOW DID YOU HEAR ABOUT US?

Google/Search Engine  www.nzie.ac.nz  Agent

Family/Friend  Education exhibition/Fair  Newspaper

Radio  Other (please specify):

## CONTACT DETAILS

The information below is compulsory for all students. Please provide emergency contact details in New Zealand and in your Home Country.

### CONTACT DETAILS

Address:

Suburb:  Post Code:

Town/City:

Mobile Phone:

Phone:

Email:

### EMERGENCY CONTACT DETAILS

Name:

Relationship to you:

Address:

Suburb:  Post Code:

Town/City:

Mobile Phone:

Phone:

Email:



## CITIZENSHIP & RESIDENCY

What is your residency status currently:

- New Zealand Citizen (NZL)
  New Zealand Permanent Resident (NZP)
  Australian Citizen (AUS)

Other:

For Dual Citizenship, use the passport 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 residency status:

- Resident in NZ
  Resident Overseas

## ETHNICITY

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="radio"/> New Zealand European/Pakeha | <input type="radio"/> Greek                    | <input type="radio"/> Chinese        |
| <input type="radio"/> New Zealand Māori           | <input type="radio"/> Polish                   | <input type="radio"/> Indian         |
| Iwi: <input type="text"/>                         | <input type="radio"/> South Slav               | <input type="radio"/> Sri Lankan     |
| <input type="radio"/> Samoan                      | <input type="radio"/> Italian                  | <input type="radio"/> Japanese       |
| <input type="radio"/> Cook Island Māori           | <input type="radio"/> German                   | <input type="radio"/> Korean         |
| <input type="radio"/> Tongan                      | <input type="radio"/> Australian               | <input type="radio"/> Asian (Other)  |
| <input type="radio"/> Niue                        | <input type="radio"/> European (Other)         | <input type="radio"/> Middle Eastern |
| <input type="radio"/> Tokelauen                   | <input type="radio"/> Filipino                 | <input type="radio"/> Latin American |
| <input type="radio"/> Fijian                      | <input type="radio"/> Cambodian                | <input type="radio"/> African        |
| <input type="radio"/> Pacific Islander (Other)    | <input type="radio"/> Vietnamese               | <input type="radio"/> Other          |
| <input type="radio"/> British/Irish               | <input type="radio"/> South East Asian (Other) | <input type="radio"/> Not Stated     |
| <input type="radio"/> Dutch                       |  |                                      |

Please specify if you ticked Pacific Islander (Other), European (Other), South East Asian (Other), Asian (Other) or Other:

## MEDICAL OR DISABILITY

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  No

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



## ACADEMIC INFORMATION

Name of Programme you would like to apply for:

Start Date:  Please refer to our website [www.nzie.ac.nz](http://www.nzie.ac.nz) for latest start dates

Additional Requirements/Information:

## PRIOR ACTIVITY

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)
- Wānanga student
- NCEA Level 3/Bursary/Scholarship
- Other:

## LANGUAGE

Is English your first language?  Yes  No

If no, please provide details of your English language education:

Education Provider:	Start Date:	Finish Date:	Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## SECONDARY STUDIES

What was the last Secondary School you attended?

What was your last year at school?

What is the highest level of achievement you hold from Secondary School?

- No formal qualification
- 14 or more credits at any level
- OVERSEAS STUDIES
- NCEA Level 2 or 6th Form Certificate
- University Entrance
- NCEA Level 1 or School Certificate
- Not known

## TERTIARY STUDIES

Education Provider:	Qualification:	Year Completed:
<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"/>



## 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.



## 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 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.
- 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.
- 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 18:

I,  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 requirements are complete:

- Completed all relevant sections on this form
- Passport/Birth Certificate attached
- Declaration read and signed.

**Applications for Diploma Programmes:**

- Verified academic transcript attached
- Proof of previous employment/education

## OFFICE USE ONLY

Print Name

Signature

Date