

# International Enrolment Form



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[www.aoraki.ac.nz](http://www.aoraki.ac.nz)

Christchurch | Ashburton | Timaru | Oamaru | Dunedin

## Welcome

- Please print in English
- Print your answers clearly and tick the appropriate boxes
- Sign and date the form
- Attach verified copies of documents as required

**Your application cannot be processed unless you complete all sections and attach verified documents.**

## Identification

Have you enrolled with us before?  No  Yes      If 'Yes,' give your Student No

## Personal Details

### Verified Documents required

Mr       Mrs       Miss       Ms       Other (specify) \_\_\_\_\_

Please supply your full legal name as shown on your Birth/Marriage Certificate or Passport

Surname       Previous Name

First Names       (If changed since last enrolment)

     Preferred Name

Date of birth                    Male       Female  
DAY      MONTH      YEAR

## Contact Details

Home Address _____ (Not a P.O. Box No.) _____	Mobile _____
_____	Home Phone _____
_____	Email _____
Permanent Postcode _____	Home Fax _____

New Zealand Address _____ (if known) _____	Phone _____
_____	_____
Term Postcode _____	Fax _____

**Delivery Address (Tick One box)** Deliver my course materials and correspondence to  Home  New Zealand Address

## Emergency Contact

Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_ Work Phone \_\_\_\_\_  
\_\_\_\_\_ Mobile \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_  
Postcode \_\_\_\_\_ Relationship \_\_\_\_\_

## Citizenship and Residency

### Verified documents required

Please indicate your fee or assistance status

- NZAID Scholarship (including New Zealand, short-term training and post graduate)
- Full fee paying foreign student
- Military Personnel, diplomatic staff or family, or persons associated with Operation Deep Freeze
- International ITO off-job Training

During your enrolment, will you be resident in  New Zealand  Overseas

## Ethnicity

What ethnic group(s) do you belong to? (You may tick up to **three** boxes which apply to you)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Samoan         | <input type="checkbox"/> Fijian                         | <input type="checkbox"/> Other Pacific Peoples |
| <input type="checkbox"/> British/Irish  | <input type="checkbox"/> American                       | <input type="checkbox"/> German                |
| <input type="checkbox"/> Russian        | <input type="checkbox"/> Filipino                       | <input type="checkbox"/> Cambodian             |
| <input type="checkbox"/> Vietnamese     | <input type="checkbox"/> Malaysian                      | <input type="checkbox"/> Chinese               |
| <input type="checkbox"/> Indian         | <input type="checkbox"/> Sri Lankan                     | <input type="checkbox"/> Japanese              |
| <input type="checkbox"/> Korean         | <input type="checkbox"/> Taiwanese                      | <input type="checkbox"/> Middle Eastern        |
| <input type="checkbox"/> Latin American | <input type="checkbox"/> African                        | <input type="checkbox"/> Other                 |
|   | <input type="checkbox"/> If Other' please specify _____ |  |

## Secondary School

What was the name of the last secondary school you attended? \_\_\_\_\_

Country: \_\_\_\_\_

What was your last year at secondary school? \_\_\_\_\_

What is the highest level of achievement you hold from a secondary school? \_\_\_\_\_

## Tertiary Study

Please list any University / Polytechnic qualifications here (Please attach copies).

Name of qualification:

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## English Proficiency

To study at Aoraki Polytechnic, you **MUST** be proficient in English. Please provide evidence of the following:

- English was the language of instruction in previous studies completed in a native English-speaking country.
- I will sit/have sat an English language proficiency test (IELTS or TOEFL)

Date taken/to be taken

English test name

Results (if known)

## Credit Transfer / Advanced Standing

Are you applying for credit transfer?

- Yes: Please provide full official or certified academic transcripts and course descriptions for all tertiary qualifications.
- No

**Relevant work history/experience**

If you have work experience relevant to this application, please supply full details as part of a CV (curriculum vitae).

## Prior Activity

If you were in New Zealand, what was your MAIN activity or occupation as at 1 October last year?

**(Tick one box only)**

- |   |  |
|---|--|
| <input type="checkbox"/> 01 Secondary school student                        | <input type="checkbox"/> 07 College of Education student           |
| <input type="checkbox"/> 02 Non employed or beneficiary (excluding retired) | <input type="checkbox"/> 08 House person or retired                |
| <input type="checkbox"/> 03 Wage or salary worker                           | <input type="checkbox"/> 11 Private Training Establishment student |
| <input type="checkbox"/> 04 Self employed                                   | <input type="checkbox"/> 12 Wananga student                        |
| <input type="checkbox"/> 05 University student                              |  |
| <input type="checkbox"/> 06 Polytechnic student                             |  |

## Disability (This information will not affect your right to enrol; it will help us to assist you with your studies)

Do you live with the effects of significant injury, long term illness or disability?  No  Yes

If 'Yes', please specify how your disability affects you (See the Guide to Enrolment)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Deaf   | <input type="checkbox"/> Specific Learning | <input type="checkbox"/> Physical/Mobility         |
| <input type="checkbox"/> Hearing  | <input type="checkbox"/> Medical           | <input type="checkbox"/> Speech                    |
| <input type="checkbox"/> Blind  | <input type="checkbox"/> Head Injury       | <input type="checkbox"/> Temporary (specify) _____ |
| <input type="checkbox"/> Visual   | <input type="checkbox"/> Mental Health     | _____  |
| <input type="checkbox"/> Literacy and numeracy support required   |  |  |
| <input type="checkbox"/> Other (specify) _____  |  |  |
| <input type="checkbox"/> Is there any specific support assistance or specialised equipment you would need to study or complete this programme? (Please specify) _____ |  |  |
| <input type="checkbox"/> Tick this box if you would like to be contacted by our Inclusive Education Co-ordinator  |  |  |

## Fee Payment Options

**Fees must be paid before we can confirm your enrolment**

**How do you intend to pay for your fees?**

- |   |                                 |                               |                                 |   |   |
|---|---------------------------------|-------------------------------|---------------------------------|---|---|
| <input type="checkbox"/> Credit Card  | <input type="checkbox"/> Cheque | <input type="checkbox"/> Cash | <input type="checkbox"/> EFTPOS | <input type="checkbox"/> Training Incentive Allowance | <input type="checkbox"/> Money Transfer |
| <input type="checkbox"/> Company Account (Name) _____ (Attach letter of authorisation and/or order no.) |                                 |                               |                                 |   |   |
| <input type="checkbox"/> Scholarship (attach details)   |                                 |                               |                                 |   |   |

## Agent Details (If applicable)

Contact Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Refund Policy

Please refer to the international student handbook or our website.

## Programme and Course Enrolment Details

List the Programme and Course(s) you wish to enrol in.

<b>Programme Name:</b>				
<b>Campus:</b>	<input type="checkbox"/> CHCH - QEII <input type="checkbox"/> CHCH - Moorhouse Ave <input type="checkbox"/> TIMARU <input type="checkbox"/> ASHBURTON <input type="checkbox"/> DUNEDIN <input type="checkbox"/> OAMARU			
<b>Course Number</b>	<b>Course Title(s)</b>	<b>EFT Value</b>	<b>Semester</b> (if applicable)	<b>Fees</b>
OFFICE USE ONLY		OFFICE USE ONLY		
				TOTAL FEES

If I pass these courses, I expect to complete my qualification with this enrolment  Yes  No

I will also be enrolled with another tertiary education organisation while studying at Aoraki  Yes  No

If "YES" please give details \_\_\_\_\_

## Privacy Act

Aoraki Polytechnic undertakes to collect, use, store, disclose and exchange personal information in accordance with the provisions of the Privacy Act 1993. <http://www.privacy.org.nz/privacy-act>

Information about your enrolment, attendance, progress and welfare may be obtained from and disclosed to your parents, guardians, agents, other providers of international education, the Police, Department of Courts, Immigration New Zealand, NZQA, Aoraki Polytechnic's insurance agent or NZ Trade and Enterprise.

Aoraki Polytechnic will, in accordance with the provisions of the Act, make available the personal information it collects from a particular student to that student on request and will make any appropriate corrections to that information to ensure that the information held is accurate.

## Terms and Conditions of Enrolment

Aoraki Polytechnic reserves the right to alter training start dates or amend training content as required. Commencement of all training is subject to sufficient enrolments and gaining internal and external approvals. Fees may also be subject to some alterations prior to commencement.

### Failure to Supply Information

Students are advised that failure to supply the information requested by the Polytechnic, or the supply of incomplete or false information may result in the Polytechnic declining or cancelling the enrolment.

For your enrolment to be confirmed you must:

- provide complete, verified documentary evidence of your full legal name, age, residency status and gender;
- provide accurate information about the last secondary school you attended;
- provide information regarding your main occupation or Activity, if you were in New Zealand on 1 October;
- pay all fees before the commencement of the programme;
- comply with all relevant Aoraki Polytechnic policies and procedures.

## Checklist

**When checked, read the Declaration below and sign and date the form**

- Have you completed all sections of this form?
- Attached verified documentary evidence of legal name, age and citizenship or residency?
- Attached verified programme admission, IELTS (or equivalent) or prerequisite documentation? (Refer to your Programme Information.)

## Declaration

### Read the Terms and Conditions of Enrolment carefully before signing this Declaration

I hereby apply to be enrolled in the programme and courses on this form and confirm that I have read the Terms and Conditions of Enrolment and Privacy Act information. I understand and accept them. The institute is also required to by statute (Part 10, Clause 97 of the Privacy Act 1993) to provide some personal information (typically name, current address, date of birth, IRD number, gender, ethnicity or academic details, including the Literacy and Numeracy for Adults Assessment Tool) to specific agencies. I also confirm that the details I have supplied, particularly my name, date of birth, and citizenship/residency status, are true and correct. I understand that if this information is subsequently found to be false, my enrolment may be cancelled and I will be liable for any costs incurred by Aoraki Polytechnic in cancelling my enrolment.

I understand that I may receive relevant emails or text messages associated with my studies at Aoraki Polytechnic. I understand my enrolment will not be actioned if I do not sign this Declaration.

I understand that signing this declaration is confirmation that I intend to complete the full qualification on which I am enrolled.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please note:** If you are under the age of 18, you will also need to get your guardian/parent to sign below.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

(of parent/guardian)

(of parent/guardian)

School Signature

International Signature

Registry Signature

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