



## Agricultural Training for New Zealand

# TASTER ENROLMENT FORM

Please complete all sections and sign on the bottom of the second page

**Admission and enrolment offer:** The completion of this Enrolment confirms your acceptance of Enrolment.

### Personal Details – Print your full legal name

**Title**      Mr  Mrs  Miss  Ms  Other (specify): \_\_\_\_\_

**Family Name** \_\_\_\_\_

**First Names** \_\_\_\_\_

**Previous Name**  
(maiden name) \_\_\_\_\_

**Date of Birth**      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      **Gender (please tick)**      M       F

**OFFICE USE ONLY**

**HKP / HKU**  
Cross out which does not apply

**Active/ Partial**  
Cross out which does not apply

Student ID \_\_\_\_\_

NZQA ID \_\_\_\_\_

**Which Iwi do you identify with:**

**Ethnicity**      Which ethnic group(s) do you belong to? You may tick up to three boxes that apply to you.

NZ European/Pakeha	111	Filipino	411	Other Pacific Peoples *	371	Korean	443
New Zealand Māori	211	Cambodian	412	British/Irish	121	Other Asian *	444
Samoan	311	Vietnamese	413	Dutch	122	Middle Eastern	511
Cook Island Māori	321	Other Southeast Asian *	414	Greek	123	Latin American	521
Tongan	331	Chinese	421	Polish	124	African	531
Niue	341	Indian	431	South Slav	125	Italian	126
Tokelauan	351	Sri Lankan	441	German	127	Australian	128
Fijian	361	Japanese	442	Other European *	129		

### Permanent Postal Address

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: (    ) \_\_\_\_\_

Cellphone No: \_\_\_\_\_

Email: \_\_\_\_\_

### Work or Other Postal Address – Please cross out which does not apply

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No (    ) \_\_\_\_\_

Cellphone No: \_\_\_\_\_

Email: \_\_\_\_\_

**Qualification or study enrolling for:**      **Farm Taster Course**

**Venue:**      **Taratahi Wairarapa Campus**      **Date Attending:**      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Office use only:	Amount paid: \$ _____ (non-refundable)	Receipt No: _____	Date:    /    / 2010
Course Payment – Method of Payment	Payment made by: _____	Payment for: _____	
Cash: <input type="checkbox"/>	Cheque: <input type="checkbox"/>	EFTPOS: <input type="checkbox"/>	

Type of Identification Sighted: \_\_\_\_\_      Passport/Birth cert No: \_\_\_\_\_      Signed: \_\_\_\_\_      Date:    /    / 2010

### Citizenship Details

Tick the box to indicate your Citizenship or Permanent Residence status. You are required to produce your Birth Certificate or other evidence of Permanent Residence to verify your status as a Domestic student. (This can include a NZ Passport, Certificate of Citizenship, overseas Passport with Residents Permit)

NZ Citizen     Australian Citizen     Other – please specify \_\_\_\_\_ Tick all that apply

NZ Permanent Resident (Please state country of Citizenship) \_\_\_\_\_

### Students with dual citizenship, specify the country of citizenship of the Passport used to enter New Zealand

If you ticked “other” and you are **not** a New Zealand Permanent Resident, please also specify your fee/assistance status.

NZAID Scholarship (incl. Aotearoa, short-term training and post-graduate)  01

Full Fee Paying Foreign Student  03

Exchange Student approved by Ministry of Education  04

International ITO off-Job Trainee  12

### Disability / Injury / Allergies:

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

Please also include any allergies - for example bee stings, food allergies or asthma.

Please note the type of allergy/asthma /injury /disability etc here: The information you supply is confidential

### Activity or occupation in New Zealand at 1st October

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> School Student                                 | <input type="checkbox"/> University Student | <input type="checkbox"/> Beneficiary                            |
| <input type="checkbox"/> Employed                                       | <input type="checkbox"/> Caregiver          | <input type="checkbox"/> House person or Retired                |
| <input type="checkbox"/> Overseas                                       | <input type="checkbox"/> Self Employed      | <input type="checkbox"/> Private Training Establishment student |
| <input type="checkbox"/> Polytechnic or Institute of Technology student |   |   |

College or High School attended \_\_\_\_\_

Highest College or High School qualification gained \_\_\_\_\_

Last Year at College or High School

First year of Tertiary study?

Where did you do your tertiary study?

/ /

/ /

### Declaration and Compliance with the Privacy Act

Information given in this form is required by the protocols between Taratahi Agricultural Training Centre, the Ministry of Education, the New Zealand Qualifications Authority and Industry Training Organisations. **Please note that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Births Register, see <http://www.nsi.gov.nz/ima> for further information.**

I hereby declare that the information given above is true and correct; I have read and understood the Privacy Act information

Signed \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



**Agricultural Training for New Zealand**

**CONFIRMATION OF TRAVEL DETAILS**

It is important to us that your son/ daughter arrives safely and returns home as arranged.

Please note that once travel arrangements have been confirmed, they can not be changed unless you have contacted us here at Taratahi. Arrangements may be made for arrival on Sunday evening, call us to discuss.

**Student's Name:** \_\_\_\_\_

**Arrival Details:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_  
(For example: Arriving by train?/ Parents dropping off?/ Driving own vehicle?)

*We would prefer that you arrived at the campus on the Sunday evening between 7.00-7.30pm*

**Departure Details:** \_\_\_\_\_ **Departure Time:** \_\_\_\_\_

*Course finishes at 12.00pm on the last day - students will be ready to be picked up from 12.30pm*

Parent/Guardian Name/s: \_\_\_\_\_

Signature/s: \_\_\_\_\_

Emergency Contact Details: \_\_\_\_\_ business hours

\_\_\_\_\_ After hours

**PLEASE RETURN THIS FORM WITH YOUR ENROLMENT**