



Agricultural Training for New Zealand

ENROLMENT FORM 2010

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

Admission and enrolment : The completion of this enrolment form does not constitute acceptance of your enrolment.

Personal Details — Print your full legal name

Title Mr Mrs Miss Ms Other (specify):

Family Name

First Names

Other Name
(e.g. 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.

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

Permanent Postal Address

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

| | |
|-------------------|------------------|
| Post Code: | Post Code: |
| Telephone No: () | Telephone No () |
| Cellphone No: | Cellphone No: |
| Email: | Email: |

Qualification or study enrolling for:

Venue: / / 2010 **Date:** / / 2010

Office use only:

Course Payment — Method of Payment

Cash: Cheque: EFTPOS:

Amount paid: \$ Receipt No: Date: / / 2010

Payment made by: Payment for:

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, or overseas Passport with Resident's Permit)

NZ Citizen Australian Citizen Other – please specify _____ Tick all that apply

NZ Permanent Resident (For which country do you have 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 last year

- | | | |
|---|---|---|
| <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

/ / 2010