TARATAHI

Agricultural Training for New Zealand

TASTER ENROLMENT FORM

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

Personal Details — Print your full legal name

Which Taster are you applying for: Agriculture OR ☐ Equine ☐

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	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: **Farm Taster Course**

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

Office use only:

Course Payment — Method of Payment

Cash: ☐ Cheque: ☐ EFTPOS: ☐

Amount paid: $ (non-refundable) Receipt No: Date: / / 2011

Payment made by: Payment for:

Type of Identification Sighted: Passport/Birth cert No: Signed: Date: / / 2011

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) _____

Please give a brief explanation on why you are wanting to attend the Taratahi Taster Course. Please note students wishing to do the equine Taster MUST have a genuine interest in pursuing an equine career.

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

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Activity or occupation in New Zealand at 1st October

☐ School Student ☐ University Student ☐ Beneficiary

☐ Employed ☐ Caregiver ☐ House person or Retired

☐ Overseas ☐ Self Employed ☐ Private Training Establishment student

☐ 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. Photo's may be taken of individuals whilst on course to be used for marketing purposes. Please tick the box if you do not wish Taratahi to use your images** ☐

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

Signed		**Date**	/ /

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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 a parent or guardian have contacted us here at Taratahi to confirm.

Student's Name: _____

Course (please circle one) Agriculture **OR** Equine

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 6.00-7.30pm

Parent/guardian campus tour (Thursday 11am—12.15pm)please circle Yes please **OR** No thanks

Departure Details: _____ **Departure Time:** _____

Course finishes at 12.00pm on the last day - students need to be picked up at 12.30pm

Parent/Guardian Name/s: _____

Signature/s: _____

Emergency Contact Details: _____ business hours

_____ After hours

PLEASE RETURN THIS FORM WITH YOUR ENROLMENT AND PAYMENT