

+ COURSE ENROLMENT FORM

COMPLETE BOTH SIDES OF THIS FORM

YOUR DETAILS:

TITLE Mr / Miss / Mrs / Ms BIRTH DATE / /
PRINT YOUR FULL LEGAL NAME _____
Preferred First Name _____ Preferred Family Name _____
STREET ADDRESS _____
SUBURB _____ CITY _____
POSTAL ADDRESS _____
EMAIL _____ TELEPHONE _____
MOBILE _____ YOUR IRD NO. _____

YOUR COURSE DETAILS:

COURSE NAME _____
PREFERRED START DATE _____
PREFERRED CAMPUS _____
TOTAL COURSE FEES _____
ENROLMENT FEE _____

STUDENT LOANS & ALLOWANCES

WILL YOU BE APPLYING FOR A STUDENT LOAN? Yes No
WILL YOU BE APPLYING FOR A STUDENT ALLOWANCE? Yes No

INFORMATION COLLECTED FOR THE MINISTRY OF EDUCATION:

1. Which of the categories below best describe what you were doing at 01 October last year?

[please circle number]

- 01 Secondary school student
- 02 Unemployed or other beneficiary
- 03 Wage or salary earner
- 04 Self employed
- 05 University student
- 06 Polytechnic student
- 07 College of Education Student
- 08 House-person or retired
- 09 Overseas
- 11 Private Training Establishment student
- 12 Wānanga student

2. Select up to three groups that best describe your ethnicity:

[please circle number]

- 111 NZ European/ Pakeha
- 211 New Zealand Maori
- 311 Samoan
- 321 Cook Island Maori
- 331 Tongan
- 341 Niuean
- 351 Tokelauan
- 361 Fijian
- 371 Other Pacific Peoples*
- 281 British/Irish
- 122 Dutch
- 123 Greek
- 124 Polish
- 125 South Slav
- 126 Italian
- 127 German
- 128 Australian
- 129 Other European*
- 411 Filipino
- 412 Cambodian
- 413 Vietnamese
- 414 Other Southeast Asian*

- 421 Chinese
- 431 Indian
- 441 Sri Lankan
- 442 Japanese
- 443 Korean
- 444 Other Asian*
- 511 Middle Eastern
- 521 Latin American
- 531 African
- 611 Other*
- 999 Not Stated

*If other please specify: _____

If you identified yourself as New Zealand Maori, what is the name of your iwi?

(You may enter more than one iwi. If you do not know your iwi, please enter 'Don't Know'.)

Iwi: _____

Rohe (Iwi Home Area): _____

Iwi: _____

Rohe (Iwi Home Area): _____

Iwi: _____

Rohe (Iwi Home Area): _____

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DISABILITY:

Do you live with the effects of significant injury, long term illness or disability?

(The information you supply is confidential)

Yes No

PREVIOUS STUDY

If you have enrolled on a course of study in New Zealand or overseas between leaving school and this course please supply details:

YEAR COURSE STARTED _____

NAME OF TRAINING PROVIDER _____

LAST SECONDARY SCHOOL YOU ATTENDED (NZ STUDENTS ONLY) _____

WHAT WAS YOUR LAST DAY OF STUDY AT SCHOOL? _____

1. Which of the categories below describe your citizenship or residency status:

[please tick]

- New Zealand Citizen
 New Zealand Permanent Resident
 Australian Citizen
 Other

2. Select the category below that describes your highest school qualification:

[please circle number]

- 00 No secondary school qualification
09 Overseas Qualification
11 14 or more credits at any Level
12 NCEA Level 1 or School Certificate
13 NCEA level 2 or Sixth Form Certificate

- 14 University Entrance
15 NCEA Level 3 or Bursary or Scholarship
98 Other*

*If other please specify: _____

INTERNATIONAL STUDENTS ONLY

INSURANCE Do you have health and travel insurance? Yes No

If so, please provide details here: Please note it is a requirement of enrolment that international students resident overseas have appropriate health and travel insurance in place. We can provide you with details of companies that specialise in this insurance.

ACCOMMODATION Please note that the College requires details of your address in Auckland prior to your course commencement. While the College does not arrange accommodation for students, we can provide information on accommodation options. You are required to notify the College of any subsequent change to your contact details and residential address.

PRIVACY The International Travel College collects and stores information from this form to comply with the requirements of relevant government agencies. The information is also used to manage internal administrative processes and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. On signing this enrolment form you authorise such disclosure on the understanding that the College will observe the general conditions governing the release of information as set out in the Privacy Act 1993. You may see any information held about you and amend any errors in that information.

NATIONAL STUDENT INDEX Please note that your name, date of birth and residency as entered in this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth register.

For further information please see <http://www.nsi.govt.nz>.

PERSONAL STATEMENT "I confirm that the information I have provided is accurate. I understand the College may suspend my enrolment if it is found that false information has been provided. In signing this enrolment form I undertake to pay all fees as they become due. I undertake to comply with the published rules and policies of the College, with regard to attendance, academic progress, standard of dress, health and safety, and behaviour."

APPLICANT SIGNATURE _____

DATE _____

+ Please ensure you have completed both sides of the enrolment form + Please also attach a copy of your birth certificate.
Drop in your application to: The International Travel College, Level 4, ITC House, 9 City Road, Auckland, New Zealand.
Or post to: The College Administrator, The International Travel College, PO Box 6009, Wellesley St, Auckland, New Zealand.