

# INTERNATIONAL STUDENT APPLICATION/ENROLMENT FORM



COURSE DETAILS	
Course title	
Campus	
Start date (DD/MM/YY) <input type="text"/> / <input type="text"/> / <input type="text"/>	End date (DD/MM/YY) <input type="text"/> / <input type="text"/> / <input type="text"/>
Have you ever enrolled at Natcoll before? (diploma, iCreate or short course) Yes <input type="checkbox"/> No <input type="checkbox"/>	
Course	
Campus	Year of study <input type="text"/>

AFFIX  
PASSPORT  
PHOTO  
HERE

PERSONAL DETAILS - PLEASE PRINT YOUR NAME AS SHOWN ON YOUR PASSPORT	
Title (please tick one): Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (specify) <input type="checkbox"/>	
Family name	
First name(s)	
Name you wish to be known by	
Date of birth (DD/MM/YY) <input type="text"/> / <input type="text"/> / <input type="text"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Nationality/Country you hold a passport for	
Ethnic origin: Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Indian <input type="checkbox"/> Fijian <input type="checkbox"/> Tongan <input type="checkbox"/> Filipino <input type="checkbox"/>	
Other (please specify)	

ADDRESS DETAILS	
Your permanent home address (in your own country)	
Country	
Email	
Telephone [ ]	Fax [ ]
Mobile [ ]	
Your address in New Zealand	
Postcode	Email
Telephone [ ]	Fax [ ]
Mobile [ ]	
Correspondence is to be sent to: Home <input type="checkbox"/> New Zealand address <input type="checkbox"/>	
If you know your NSN (National Student Number) please write it here <input type="text"/>	

EMERGENCY CONTACT PERSON/NEXT OF KIN - CONTACT IN CASE OF EMERGENCY (PREFERABLY A PARENT OR GUARDIAN)	
Name	Home phone [ ]
Relationship	Work Phone [ ]
Email	Mobile [ ]
Address (not PO Box)	

## PASSPORT/INSURANCE DETAILS

Student permit number

Evidence of country of origin: Passport sighted

Passport number

Passport: Issue date (DD/MM/YY)  /  /

Expiry date (DD/MM/YY)  /  /

Medical insurance company

Medical insurance policy number

Expiry date (DD/MM/YY)  /  /

## ENGLISH LANGUAGE PROFICIENCY - PLEASE ATTACH VERIFIED COPIES OF ALL YOUR RESULTS

Is English your first language Yes  No

If No, what is your first language?

Results of English language proficiency tests:

IELTS Score  Date test taken (DD/MM/YY)  /  /

TOEFL Score  Date test taken (DD/MM/YY)  /  /

Other (please state)  Date test taken (DD/MM/YY)  /  /

Have you studied in New Zealand before? Eg Language School, Secondary School, Polytechnic or University Yes  No

Name of institution (please attach verified certificate from the institute)

Dates attended: From (DD/MM/YY)  /  /  To (DD/MM/YY)  /  /

If you attended a Secondary School in New Zealand what is the highest qualification you gained?

## SECONDARY SCHOOL STUDIES - PLEASE ATTACH A VERIFIED TRANSLATION OF YOUR RESULTS

Secondary School attended

Country

Dates attended: From (DD/MM/YY)  /  /  To (DD/MM/YY)  /  /

Secondary School qualification awarded  Date completed (DD/MM/YY)  /  /

## TERTIARY STUDIES - PLEASE ATTACH A VERIFIED TRANSLATION OF YOUR RESULTS

PLEASE PROVIDE DETAILS OF ANY TERTIARY STUDIES YOU HAVE UNDERTAKEN OVERSEAS OR IN NEW ZEALAND (INCLUDING FOUNDATION STUDIES) AT AN INSTITUTE OF TECHNOLOGY, POLYTECHNIC, UNIVERSITY, COLLEGE OF HIGHER EDUCATION OR PRIVATE TRAINING ESTABLISHMENT (PTE)

1. Name of qualification  Institution

Country

Date enrolled (DD/MM/YY)  /  /  Successfully completed Yes  No

2. Name of qualification  Institution

Country

Date enrolled (DD/MM/YY)  /  /  Successfully completed Yes  No

What is the highest qualification you hold from a tertiary institution? (please tick appropriate box)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Vocational Qualification        | <input type="checkbox"/> Postgraduate Qualification | <input type="checkbox"/> Certificate    |
| <input type="checkbox"/> Bachelors Degree                | <input type="checkbox"/> No Tertiary Qualification  | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> Graduate Certificate or Diploma | <input type="checkbox"/> Diploma                    | <input type="checkbox"/> Other*         |

\* If you ticked Other (please state)

## EMPLOYMENT EXPERIENCE (IF APPLICABLE)

1. Name of company  Position and duties

Duration: From (DD/MM/YY)  /  /  To: (DD/MM/YY)  /  /

2. Name of company  Position and duties

Duration: From (DD/MM/YY)  /  /  To: (DD/MM/YY)  /  /

## MAIN ACTIVITY

What was your main activity or occupation if you were in New Zealand at 1 October in the year prior to your course commencing? (please tick)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Secondary school student | <input type="checkbox"/> Polytechnic student            | <input type="checkbox"/> Wage or salary earner   |
| <input type="checkbox"/> University student       | <input type="checkbox"/> College of Education student   | <input type="checkbox"/> Self employed           |
| <input type="checkbox"/> Overseas                 | <input type="checkbox"/> Private Training Establishment | <input type="checkbox"/> Other* (please specify) |

\* If you ticked Other, please specify.

## EDUCATIONAL SUPPORT FOR DISABILITIES - THE COMPLETION OF THIS SECTION IS NOT COMPULSORY

Do you have a medical condition (eg impairment, long term injury, mobility issues, specific learning disability, chronic illness, mental health condition) that Natcoll needs to know about so we can support your learning? Yes  No  (All information supplied is confidential)

If yes, please specify the condition

## MARKETING INFORMATION

Where did you hear about Natcoll? (please tick)

- Education Exhibition / Fair  
 Website  
 Family / Friends  
 New Zealand High Commission / Embassy

Education Agent -----▶

Company name or name of Agent

Other\* (please specify)

Agent Stamp

## PAYMENT DETAILS - PLEASE TICK THE METHOD OF PAYMENT YOU WILL BE USING

Method of course fee payment (Due prior to course start date)

- Cash for the amount of \$ \_\_\_\_\_  
 Cheque (make out to Natcoll Design Technology) for the amount of \$ \_\_\_\_\_  
 Direct credit/Internet banking for the amount of \$ \_\_\_\_\_  
 Telegraphic transfer for the amount of \$ \_\_\_\_\_  
 Via agent for the amount of \$ \_\_\_\_\_

Fees

Less deposit paid  
(if applicable)

Balance to pay

Natcoll reserves the right to cancel a course if there are insufficient enrolments prior to course commencement.

## ACCOMMODATION DETAILS

Do you require accommodation? Yes  No

Would you like to be met at the airport? Yes  No

If yes, what type? Homestay  Hostel  Other  (please specify)

## CODE OF PRACTICE FOR THE PASTORAL CARE OF INTERNATIONAL STUDENTS

Natcoll has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at [www.minedu.govt.nz/goto/international](http://www.minedu.govt.nz/goto/international)

### IMMIGRATION

Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying and reporting requirements are available through the New Zealand Immigration Service, and can be viewed on their website at [www.immigration.govt.nz](http://www.immigration.govt.nz)

### ELIGIBILITY FOR HEALTH SERVICES

Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly funded health services are available through the Ministry of Health, and can be viewed on their website at [www.moh.govt.nz](http://www.moh.govt.nz)

### ACCIDENT INSURANCE

The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents, and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at [www.acc.co.nz](http://www.acc.co.nz)

### MEDICAL AND TRAVEL INSURANCE

International students must have appropriate and current medical and travel insurance for the full duration of any course while studying in New Zealand.

## REFUND POLICY - EDUCATION ACT 1989

This allows every student enrolled for a course of study or training to withdraw from it at any time within the first eight calendar days of the course for which attendance of the student at the establishment is required; and refund to every student who so withdraws, without deduction, so much of any payment, or the sum of any payments, made by the student to the establishment in respect of that course, and if withdrawal from that course also constitutes withdrawal from the establishment as a whole, in respect of enrolment at the establishment, as exceeds \$500 or 10% of the amount of that payment or the sum of those payments, whichever is the less.

Written notification of withdrawal must be received by the Campus Principal within the first eight calendar days of the course for a refund to be actioned. After this eight day period no refunds are made (other than at the discretion of the National Principal).

## STUDENT FEE PROTECTION

The New Zealand Qualifications Authority requires Private Training Establishments to provide security for the repayment of prepaid fees in the event courses are terminated early. Accordingly, in the event a course is terminated and alternative tuition services are not provided, the student is entitled to a refund of prepaid student fees pro rata for the balance of the course based upon the number of full weeks required to complete the course. All student fees paid in advance are held in a trust account managed by the Public Trust.

## DECLARATION

I declare that all information I have supplied on this form and any attached documentation to be true and complete and I acknowledge that the college may suspend my enrolment if false information has been supplied or required information not supplied by the due date.

I acknowledge that the full amount of the course fee will be paid by the course start date.

I acknowledge that Natcoll can archive, display or utilise any artistic material generated by me during the course of study for use in Natcoll publications, advertising, publicity and promotions.

I authorise the college to collect, store and use any personal and course related information about me for its purposes, or as requested by the Ministry of Education, the New Zealand Qualifications Authority and other Government agencies in accordance with the Privacy Act 1993. I am aware I may view any personal information held about me.

Student signature

Date (DD/MM/YY)  /  /

Campus Principal / Campus Administrator

Date (DD/MM/YY)  /  /

## APPLICATION CHECKLIST - HAVE YOU...

- |  |   |
|--|---|
| <input type="checkbox"/> Answered all questions  | <input type="checkbox"/> Attached a verified translation of your Secondary School results |
| <input type="checkbox"/> Attached a verified copy of your passport   | <input type="checkbox"/> Attached a verified translation of your Tertiary study results   |
| <input type="checkbox"/> Attached a verified copy of your English Proficiency Test results   | <input type="checkbox"/> Signed and dated the declaration section above                   |
| <input type="checkbox"/> Attached verified copies of your academic record from any institute you have previously attended in New Zealand |   |

## OFFICE USE ONLY

Input

Date (DD/MM/YY)  /  /

Public Trust Number

Receipt number

Student ID number

SEND YOUR APPLICATION TO THE CAMPUS YOU WISH TO STUDY AT

### Christchurch Campus

Natcoll Design Technology, PO Box 13 0014, Christchurch, 8141  
Fax +64 3 377 3232, info.chch@natcoll.ac.nz

### Wellington Campus

Natcoll Design Technology, PO Box 6845, Wellington, 6141  
Fax +64 4 384 9626, info.wgtn@natcoll.ac.nz

### Auckland Campus

Natcoll Design Technology, PO Box 68 011, Newton, Auckland, 1145  
Fax +64 9 302 4124, info.auck@natcoll.ac.nz

**National Office** (Sue Allard *National Principal*)

Natcoll Design Technology, PO Box 13 824, Christchurch, 8141  
Fax +64 3 377 4329, principal@natcoll.ac.nz

