



# INTERNATIONAL PRE ENROLMENT FORM:

Take 2 Record:

Please complete and send this form to [enrolment@chinesemedicine.ac.nz](mailto:enrolment@chinesemedicine.ac.nz)

Form Completion Date

Your Date of Birth:

Family name:	<input type="text"/>	Given names:	<input type="text"/>
	Preferred name?		<input type="text"/>

Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Have you attached evidence of your nationality?	Passport	<input type="checkbox"/>	or Birth certificate	<input type="checkbox"/>
Have you filled in an enrolment form?	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>
Do you wish to study?	Full time	<input type="checkbox"/>	Part time	<input type="checkbox"/>
Have you ever had any criminal convictions?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
English: Do you have the equivalent of IELTS 6.5?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you attached evidence of IELTS 6.5 or equivalent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Your current physical address:

Email address:

Phone:  Mobile:

Name of Course	Bachelor of Health Science (Chinese Medicine)	<input type="checkbox"/>
You are applying For:	Bachelor of Health Science (Acupuncture)	<input type="checkbox"/>
	Diploma in Tuina Level 7	<input type="checkbox"/>
	NZ Diploma in Wellness and Relaxation Massage Level 5	<input type="checkbox"/>
	NZ Certificate in English Language Level 4	<input type="checkbox"/>

When you will start this course:

Feb 2017	<input type="checkbox"/>	Other	<input type="text"/>
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Do you wish to apply for Assessment of Prior Learning (APL/RCC)?

No:  Yes:  (please specify):

In which year did you last study?

Do you require any special learning support? E.g. problems with hearing.

No:  Yes  (please specify):

What previous qualification have you completed?

Qualification

Institution

Are you using a student recruitment agent to assist with this application? Yes:  No:

If Yes, please provide your agent's Name:

Company:

Phone contact:

Email:

How did you hear about our College?

Is there anything you would like to ask or have explained more fully? Yes:  No:

Please tick  I am aware the NZCCM refund policy is detailed in the prospectus   
I have received a copy of the current prospectus

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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Do you have personal Medical / Travel Insurance?

Do you request NZCCM to apply for Southern Cross Insurance on-line  if you do, please complete the following information:

Policy type (Student essentials/ Max):	Start-Finish date of insurance/ date of arrival in NZ:
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### International Pre Enrolment Writing Exercise

Please complete the following writing exercise. When all parts of this form are completed please send it to [enrolment@chinesemedicine.ac.nz](mailto:enrolment@chinesemedicine.ac.nz)

**Please write a short autobiography (200 - 300 words) (one page) about yourself as a learner. Describe what you feel is important to you as a learner, teachers who may have had an impact on your life, peers who have supported you and accomplishments that have important to you.**

