

New Zealand College of Chinese Medicine

Enrolment Form 2018 - International Students



PO Box 17467, Greenlane
Auckland 1546

Phone: 09 580 2376 in Auckland
Fax: 09 580 2379 in Auckland
Email: enrolment@chinesemedicine.ac.nz

Auckland Campus

Welcome to New Zealand College of Chinese Medicine.

NZCCM is rated by NZQA as a Category 2 PTE. The EER report has designated NZCCM to be Confident in Educational Performance and Confident in Self-assessment.

Please read the instructions below carefully before you complete this enrolment form.

INSTRUCTIONS

The purpose of this enrolment form is to get from you the information we need to enrol you into a qualification at NZCCM. We also need to collect information from you which is required by the Ministry of Education, Tertiary Education Commission and other Government agencies for statistical and administrative reasons. Please fill in the form properly by:

- Completing all sections of the form.
- Printing your answers clearly in pen, or ticking the box that applies for multi-choice questions.
- Signing the form.
- Attaching to the form additional required documentation. A description of the required documentation is provided on page 5 of the form.

A QUALIFICATION			
1	Please tick the qualification you wish to enrol in for 2018:	<input type="checkbox"/> Bachelor of Health Science with major in: <ul style="list-style-type: none"> 1. <input type="checkbox"/> Chinese Medicine (CM) 2. <input type="checkbox"/> Acupuncture (Acu) <input type="checkbox"/> Diploma in Tui Na (Level 7) <input type="checkbox"/> NZ Diploma in Remedial Massage (Level 6) <input type="checkbox"/> NZ Diploma in Wellness and Relaxation Massage Level 5 <input type="checkbox"/> NZ Certificate in Chinese Medicine Level 4 <input type="checkbox"/> NZ Certificate in English Level 4 <input type="checkbox"/> General English Course	Office Use
	Start Date for this period of enrolment:		
	Planned Finish Date for this period of enrolment:		
	Do you intend to study:	Part time <input type="checkbox"/> Full time <input type="checkbox"/>	
2	Have you studied at NZCCM before? If you answer "yes", what was your ID Number?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B PERSONAL DETAILS			
3	Print your full legal name: <i>Family Name</i> :		
	<i>Given Name(s)</i> :		
4	Preferred first name:		

[Type here]

2018 Enrolment Form International

[Type here]

5	If you have previously enrolled at this or any other tertiary institution under another name, what was that name?																																																																													
6	Preferred title:	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (Specify):																																																																								
7	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	8	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>																																																																								
		Day month year																																																																												
9	If you have a National Student Index number (also known as the "NSN" or NZQA Record of Learning number), please write it here:			<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																																																																										
10	Citizenship You will be required to supply a current passport and study visa or permit	What is the country of citizenship shown in your passport? _____ Passport Number: _____ Expiry Date: _____ Please also specify your fee/assistance status. NZAID student <input type="checkbox"/> 01 International Fee-Paying Student (including people on current work visa) <input type="checkbox"/> 03 Student on a recognised exchange scheme <input type="checkbox"/> 04 Foreign research based post-graduate <input type="checkbox"/> 06 Visiting military personnel, diplomatic staff or family, or persons associated with Antarctic programme <input type="checkbox"/> 08 International on-shore PhD student <input type="checkbox"/> 09 International student who is ITO off-job trainee <input type="checkbox"/> 12 Refugee or protected person whose application for residence is being processed or a person who has made a claim to be recognised as a refugee or protected person and holds a valid temporary visa. <input type="checkbox"/> 13																																																																												
11	Ethnicity: What ethnic group(s) do you belong to? You may tick up to three boxes which apply to you.	<table border="0"> <tr> <td>NZ European/Pakeha</td> <td><input type="checkbox"/> 111</td> <td>Filipino</td> <td><input type="checkbox"/> 411</td> </tr> <tr> <td>New Zealand Māori</td> <td><input type="checkbox"/> 211</td> <td>Cambodian</td> <td><input type="checkbox"/> 412</td> </tr> <tr> <td>Samoan</td> <td><input type="checkbox"/> 311</td> <td>Vietnamese</td> <td><input type="checkbox"/> 413</td> </tr> <tr> <td>Cook Island Māori</td> <td><input type="checkbox"/> 321</td> <td>Other Southeast Asian *</td> <td><input type="checkbox"/> 414</td> </tr> <tr> <td>Tongan</td> <td><input type="checkbox"/> 331</td> <td>Chinese</td> <td><input type="checkbox"/> 421</td> </tr> <tr> <td>Niue</td> <td><input type="checkbox"/> 341</td> <td>Indian</td> <td><input type="checkbox"/> 431</td> </tr> <tr> <td>Tokelau</td> <td><input type="checkbox"/> 351</td> <td>Sri Lankan</td> <td><input type="checkbox"/> 441</td> </tr> <tr> <td>Fijian</td> <td><input type="checkbox"/> 361</td> <td>Japanese</td> <td><input type="checkbox"/> 442</td> </tr> <tr> <td>Other Pacific Peoples *</td> <td><input type="checkbox"/> 371</td> <td>Korean</td> <td><input type="checkbox"/> 443</td> </tr> <tr> <td>British/Irish</td> <td><input type="checkbox"/> 121</td> <td>Other Asian *</td> <td><input type="checkbox"/> 444</td> </tr> <tr> <td>Dutch</td> <td><input type="checkbox"/> 122</td> <td>Middle Eastern</td> <td><input type="checkbox"/> 511</td> </tr> <tr> <td>Greek</td> <td><input type="checkbox"/> 123</td> <td>Latin American</td> <td><input type="checkbox"/> 521</td> </tr> <tr> <td>Polish</td> <td><input type="checkbox"/> 124</td> <td>African</td> <td><input type="checkbox"/> 531</td> </tr> <tr> <td>South Slav</td> <td><input type="checkbox"/> 125</td> <td>Other *</td> <td><input type="checkbox"/> 611</td> </tr> <tr> <td>Italian</td> <td><input type="checkbox"/> 126</td> <td>Not Stated</td> <td><input type="checkbox"/> 999</td> </tr> <tr> <td>German</td> <td><input type="checkbox"/> 127</td> <td></td> <td></td> </tr> <tr> <td>Australian</td> <td><input type="checkbox"/> 128</td> <td></td> <td></td> </tr> <tr> <td>Other European *</td> <td><input type="checkbox"/> 129</td> <td></td> <td></td> </tr> </table> * Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other".					NZ European/Pakeha	<input type="checkbox"/> 111	Filipino	<input type="checkbox"/> 411	New Zealand Māori	<input type="checkbox"/> 211	Cambodian	<input type="checkbox"/> 412	Samoan	<input type="checkbox"/> 311	Vietnamese	<input type="checkbox"/> 413	Cook Island Māori	<input type="checkbox"/> 321	Other Southeast Asian *	<input type="checkbox"/> 414	Tongan	<input type="checkbox"/> 331	Chinese	<input type="checkbox"/> 421	Niue	<input type="checkbox"/> 341	Indian	<input type="checkbox"/> 431	Tokelau	<input type="checkbox"/> 351	Sri Lankan	<input type="checkbox"/> 441	Fijian	<input type="checkbox"/> 361	Japanese	<input type="checkbox"/> 442	Other Pacific Peoples *	<input type="checkbox"/> 371	Korean	<input type="checkbox"/> 443	British/Irish	<input type="checkbox"/> 121	Other Asian *	<input type="checkbox"/> 444	Dutch	<input type="checkbox"/> 122	Middle Eastern	<input type="checkbox"/> 511	Greek	<input type="checkbox"/> 123	Latin American	<input type="checkbox"/> 521	Polish	<input type="checkbox"/> 124	African	<input type="checkbox"/> 531	South Slav	<input type="checkbox"/> 125	Other *	<input type="checkbox"/> 611	Italian	<input type="checkbox"/> 126	Not Stated	<input type="checkbox"/> 999	German	<input type="checkbox"/> 127			Australian	<input type="checkbox"/> 128			Other European *	<input type="checkbox"/> 129		
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12	Prior activity:	What was your MAIN activity or occupation in New Zealand at the 1 st of October preceding the start of this enrolment? You may tick only one box. <table border="0"> <tr> <td>Secondary school student</td> <td><input type="checkbox"/> 01</td> <td>Non-employed or beneficiary (excluding retired)</td> <td><input type="checkbox"/> 02</td> </tr> <tr> <td>Wage or salary worker</td> <td><input type="checkbox"/> 03</td> <td>Self-employed</td> <td><input type="checkbox"/> 04</td> </tr> <tr> <td>University student</td> <td><input type="checkbox"/> 05</td> <td>Polytechnic or Institute of Tech. student</td> <td><input type="checkbox"/> 06</td> </tr> <tr> <td>House-person or retired</td> <td><input type="checkbox"/> 08</td> <td>Overseas (irrespective of occupation)</td> <td><input type="checkbox"/> 09</td> </tr> <tr> <td>Private training establishment student</td> <td><input type="checkbox"/> 11</td> <td>Wānanga student</td> <td><input type="checkbox"/> 12</td> </tr> </table>					Secondary school student	<input type="checkbox"/> 01	Non-employed or beneficiary (excluding retired)	<input type="checkbox"/> 02	Wage or salary worker	<input type="checkbox"/> 03	Self-employed	<input type="checkbox"/> 04	University student	<input type="checkbox"/> 05	Polytechnic or Institute of Tech. student	<input type="checkbox"/> 06	House-person or retired	<input type="checkbox"/> 08	Overseas (irrespective of occupation)	<input type="checkbox"/> 09	Private training establishment student	<input type="checkbox"/> 11	Wānanga student	<input type="checkbox"/> 12																																																				
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13	Disability/Health Declaration Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential. If "Yes", how would you describe your impairment, disability, or long term medical condition: <hr/> I declare the information is correct Sign: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C ACADEMIC INFORMATION

14	Secondary School:	What was the name of the last secondary school you attended? State "overseas", if applicable. <hr/>	<i>Office Use</i>
		What was your last year at secondary school? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> What is the highest level of achievement you hold from a secondary school? Your highest achievement may be a "traditional" award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box. No formal secondary qualifications <input type="checkbox"/> 00 14 or more credits at any level <input type="checkbox"/> 11 NCEA Level 1 or School Certificate <input type="checkbox"/> 12 NCEA Level 2 or 6 th Form Certificate <input type="checkbox"/> 13 University Entrance <input type="checkbox"/> 14 NCEA Level 3 or Bursary or Scholarship <input type="checkbox"/> 15 Overseas qualification (includes International Baccalaureate & Cambridge Exams)* <input type="checkbox"/> 09 Other* <input type="checkbox"/> 98 Not Known <input type="checkbox"/> 99 # From 2014 University Entrance includes NZEA level 3 and a number of other requirements. See the NZQA web site for more details. *Please specify if "Overseas qualification" or "Other". <hr/>	
15	English proficiency Please complete this section if English is not your first language	What is your first language? _____	
		Have you completed an English language proficiency test? No <input type="checkbox"/> Yes <input type="checkbox"/> Name of the English Test: _____ Result of the English Test: _____ Please provide the original test results or a certified copy. If you have not completed an English language proficiency test, please attach evidence of any studies undertaken or exams passed.	

16	Previous study in New Zealand	<p>Have you studied before in New Zealand (e.g. secondary school, language school, polytechnic, etc.)?</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Name of Institution: _____</p> <p>Dates Attended: From _____ To _____</p> <p>Qualification Achieved: _____</p>
17	Tertiary Study:	<p>Will this be the first year you have ever enrolled in a University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If you answered "No", please enter the name of the institution you studied at and year of your first enrolment.</p> <p>Name _____ Year <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>
		<p>If you have completed one or more tertiary qualifications enter the name of the highest level qualification.</p> <p>Name _____ Level (if known) _____</p>
D Agent's Information		
18	<p>Are you using a student recruitment agent to assist you with this application?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
19	<p>If you answered yes to Q 18 please complete the following :</p> <p>Agent's Name:</p> <p>Company Name:</p> <p>Address:</p> <p>Phone Number:</p> <p>Email Address:</p>	

E DOCUMENTATION																								
20	<p>International national students are required to provide each of the following:</p> <ul style="list-style-type: none"> • Passport • Student visa /Permit • IELTS/TOEFL score/ 'other' (if English is second language) • Previous Academic Records (academic transcript if seeking RPL) • Travel/medicine insurance policy <p>You must either provide the original documentation OR alternatively please provide a certified copy. This means a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar.</p>																							
21	<p>Please list here all documents that you have attached to this enrolment form. Documents should be securely stapled to the back of the form.</p>																							
F ENTRY PROFILE																								
<p>New Zealand College of Chinese Medicine wishes to provide relevant and effective training. We collect information from students to help us do this. At the time of enrolment we collect information about what you were doing prior to enrolment. This is your "entry profile". Later we will collect feedback from you on what you think of our organisation and your experience of studying with us and, after you have finished your studies, we will collect information on your employment and further training.</p> <p>It would be appreciated if you could complete the questions below to provide us with entry profile data. The data is treated confidentially and we do not contact any organisations named by you.</p>																								
22	<table border="0"> <tr> <td rowspan="5">Education and Training</td> <td colspan="2"><i>What is the most recent study you have done since leaving school?</i></td> </tr> <tr> <td colspan="2"><i>Name of Qualification:</i></td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2"><i>Where did you study the qualification:</i></td> </tr> <tr> <td colspan="2">_____</td> </tr> <tr> <td colspan="2"><i>Did you complete this qualification:</i></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="2"><i>Did you study part time or full time:</i></td> <td>Part time</td> <td><input type="checkbox"/></td> <td>Full time</td> <td><input type="checkbox"/></td> </tr> </table>	Education and Training	<i>What is the most recent study you have done since leaving school?</i>		<i>Name of Qualification:</i>		_____		<i>Where did you study the qualification:</i>		_____		<i>Did you complete this qualification:</i>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>Did you study part time or full time:</i>		Part time	<input type="checkbox"/>	Full time	<input type="checkbox"/>
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<i>Did you complete this qualification:</i>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>																			
<i>Did you study part time or full time:</i>		Part time	<input type="checkbox"/>	Full time	<input type="checkbox"/>																			

23	Employment	<p><i>What is the most recent employment?</i></p> <p><i>Position:</i> _____</p> <p><i>Employer:</i> _____</p> <p><i>Did you work part time or full time:</i> <i>Part time</i> <input type="checkbox"/> <i>Full time</i> <input type="checkbox"/></p>
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G CONTACT DETAILS		
24	Address and contact details in New Zealand:	<p><i>Address:</i></p> <p><i>Post Code:</i></p> <p><i>What type of accommodation is this?</i></p> <p><input type="checkbox"/> Own apartment, flat or house</p> <p><input type="checkbox"/> Boarding establishment (e.g. hostel)</p> <p><input type="checkbox"/> Homestay</p> <p><input type="checkbox"/> Living with designated caregiver</p> <p><input type="checkbox"/> Living with parents</p> <p><input type="checkbox"/> Private board</p> <p><input type="checkbox"/> Temporary (e.g. hotel or motel)</p>
		<p><i>Phone:</i></p> <p><i>Alternative Phone:</i></p>
		<p><i>Mobile:</i></p> <p><i>Email:</i></p>
		<p><i>Fax:</i></p>
		<p><i>What is your postal address if different from above?</i></p> <p><i>Post Code:</i></p>
		<p>Please note that you are required to notify NZCCM of any change in your contact details or type of accommodation.</p>
25	Next of kin (if you are under the age of 18 this should be your parents):	<p><i>Name:</i></p> <p><i>Address:</i></p> <p><i>Relationship:</i></p> <p><i>Post Code:</i></p> <p><i>Phone:</i></p> <p><i>Fax:</i></p>

			<i>Mobile:</i> <i>Email:</i> Do they speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>
26	Emergency Contact in New Zealand if different from next of kin	Name:	Relationship:
		<i>Address:</i>	<i>Phone:</i>
			<i>Fax:</i>
			<i>Mobile:</i>
			<i>Email:</i>
			Do they speak English? Yes <input type="checkbox"/> No <input type="checkbox"/>
27	Permanent address in home country if different from next of kin		<i>Phone:</i>
			<i>Mobile:</i>
			<i>Fax:</i>
			<i>Email:</i>
H IMPORTANT INFORMATION			
28	Code of Practice	NZCCM has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students administered by the New Zealand Qualifications Authority (NZQA). Copies of the Code are available on request from this institution or from the NZQA website.	
29	Immigration	Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements are available through Immigration New Zealand, and can be viewed on their website. www.immigration.govt.nz	

30	Fees and refunds policy details for International Students	<p>Fees and Refunds</p> <p>As per Section 253E(1) of the Education Act 1989, students (International) have the following entitlements:</p> <p>The statutory refund period for international students enrolled in courses that are three months or longer in duration is 10 working days from the day the student is first required to attend. If an international student withdraws during the refund period, a New Zealand College of Chinese Medicine is entitled to retain up to 25 per cent of the fees the student pays.</p> <p>New Zealand College of Chinese Medicine will provide the student with an indication of how the amount deducted from the refund has been calculated in the process of completing the withdrawal application.</p> <p>If the student is unhappy with the amount that New Zealand College of Chinese Medicine has withheld in the refund, they can lodge a complaint with the International Education Appeals Authority (IEAA).</p> <p>For international students enrolled in courses less than three months, the Education Act specifies two separate refund periods.</p> <p>For courses of less than five weeks, a student may withdraw up to until the end of the second day and receive a refund. The student is entitled to receive a refund of at least 50 per cent of any amount paid.</p> <p>For courses of five weeks or more, but less than three months, a student may withdraw up to until the end of the fifth day and receive a refund. The student is entitled to receive a refund of at least 75 per cent of any amount paid.</p> <p>If the student withdraws after the refund period there is no right to receive a refund.</p> <p>A full refund of any and all course-related fees paid by students will automatically be given for programmes which are cancelled by New Zealand College of Chinese Medicine, or which did not start due to an insufficient number of enrolments.</p> <p>In the event of a Course Closure Event New Zealand College of Chinese Medicine will refund students on a pro-rata basis according to the proportion of the undelivered services provided by the College to the student</p> <p>New Zealand College of Chinese Medicine reserves the right to cancel any programme for which there are insufficient enrolments.</p> <p>New Zealand College of Chinese Medicine staff will ensure all students are fully aware of the early and voluntary withdrawals and student fees policy. Students should also be notified that processing of refunds may take up to 2 weeks, or longer where unusual circumstances arise.</p>
31	Eligibility for Health Services	<p>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.</p>
32	Accident Insurance	<p>The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand. International students must ensure this is covered in their travel and medical insurance.</p>
33	Medical and travel insurance	<p>International students must have appropriate and current medical and travel insurance while studying in New Zealand. NZCCM may assist with appropriate insurance through Southern Cross travel Insurance (SCTI). You can make contact with SCTI by email at info@scti.c.nz or visit the website www.scti.co.nz</p> <p>Students are required to have continuous appropriate medical and travel for the entire period of enrolment and evidence is required by the College.</p>

ALTERATIONS or CANCELLATIONS

The College reserves the right to:

- Alter the course content, provision, or fees for any course or qualification subject to NZQA and TEC approval;
- Cancel a course or qualification due to insufficient enrolment numbers;
- Change subjects delivered in any semester to meet exit qualification requirements;

Make changes to its policies and procedures as deemed necessary, subject to Board and Senior Management approval.

I DECLARATION

Privacy – New Zealand College of Chinese Medicine collects and stores information from this form to:

- Manage the business of NZCCM (including internal reporting, administrative processes and selection of scholarship and prize winners).
- Comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of records and accountability for public funding.
- Supply information to government agencies and other organisations as set out below.

In signing this enrolment form you authorise such disclosure on the understanding that NZCCM will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires NZCCM to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act which can be viewed on the Privacy Commissioner's web site: <http://www.privacy.org.nz/>.

Supply of Information to Government Agencies and Other Organisations

NZCCM supplies data collected on this form to government agencies, including:

- The Ministry of Education.
- The New Zealand Qualifications Authority.
- The Tertiary Education Commission.
- The Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans).
- Immigration New Zealand and the Ministry of Business, Innovation and Employment (for those who are not New Zealand citizens or permanent residents).
- Agencies who support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

Those agencies use the data collected from tertiary education organisations to:

- Administer the tertiary education system, including allocating funding.
- Develop policy advice for government.
- Conduct statistical analysis and research.

Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index, if not already registered, and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993.

When required by law, NZCCM releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

In signing this enrolment form you authorise such disclosure on the understanding that NZCCM will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation.

You may request to see any information held about you and request that any errors in that information be amended or noted. To do so, contact registrar.

Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. NZCCM's policy on withdrawal and refund of fees may be obtained from the Recruitment and Promotions Officer.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of NZCCM with regard to attendance, academic integrity and progress, conduct and use of information systems.

Identity - If you have supplied a National Student Index number on this enrolment form, and your NSI status is Active, you are deemed to have declared that you are the legitimate owner of the claimed identity.

NZCCM reserves the right to reject any application on any grounds whatsoever without claim from the applicant.

Declaration – ***I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.***

_____/_____/_____
Signature Date

➤ **Please make sure that you sign your enrolment form above** ◀

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