



PROSPECTIVE STUDENT INTERVIEW FORM:

Take 2 Record:

Please complete and sign this form

Interview 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"/>
Did you bring 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"/>
Domestic student - NCEA L3 or equivalent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
International student - IELTS 6.0 or with score of ____?	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"/>
	Bachelor of Health Science (Acupuncture)	<input type="checkbox"/>
	Diploma in Tuina Level 7	<input type="checkbox"/>
	Diploma in Naturopathy and Herbal Medicine (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 English Language Level 4	<input type="checkbox"/>

When you will start this course:	February 2018	<input type="checkbox"/>	Other	<input type="text"/>
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Do you wish to apply for (APL) Recognition of Prior Learning (RPL/RCC)?
 No: Yes: (please specify):

In which year did you last study? _____

What did you study? _____

Where did you study? _____

Do you require any special learning support? E.g. problems with hearing.
 No: Yes (please specify):

Has your health ever affected your performance at work/school? Yes or No? _____
 If yes, please give details: _____

Have you ever worked/volunteered in the healthcare sector either in New Zealand or overseas?
 If yes, please give details of experience and number of years: _____

Do you have family support for study? Yes or No. _____

BRIEF PERSONAL STATEMENT OF INTENTION

Please write a brief explanation of **why you wish to enrol in this qualification and describe how this will contribute to your career plan.**

I am/would

Each qualification has a difficult work load and expectation in terms of commitment to study. (Interviewer to illustrate the different workloads, commitments and expectations with the study commitment matrix)

Is there anything you would like to ask or have explained more fully?

Domestic students can apply to StudyLink for a loan and/or allowance – do you have any questions about this?

How did you hear about our College?

Further information from applicant

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: ____/____/____

(INTERNATIONAL STUDENTS ONLY)

Student study permit/ visa? Have personal Medical / Travel Insurance?

Request NZCCM to apply for Southern Cross Insurance on-line

Policy type (Student essentials/ Max):	Start-Finish date of insurance/ date of arrival in NZ:
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THIS SECTION FOR NZCCM USE ONLY

Any Follow Up Requirements or notes:

1	
2	

Interviewer's signature: _____ Date: ____/____/____