



# PROSPECTIVE STUDENT INTERVIEW FORM

SELMA 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 L2 or equivalent?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
International student - IELTS 6.0 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) (Level 7)	<input type="checkbox"/>
	Bachelor of Health Science (Acupuncture) (Level 7)	<input type="checkbox"/>
	Graduate Certificate in Chinese Medicine (Tuina Massage) (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"/>
	Graduate Certificate in Chinese Medicine (Tuina Massage) (L7)	<input type="checkbox"/>
	NZ Certificate in English Language (Level 5)	<input type="checkbox"/>
	NZ Certificate in English Language (Level 4)	<input type="checkbox"/>

When you will start this course:	February, 2025	<input type="checkbox"/>	July, 2025	<input type="checkbox"/>
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Do you wish to apply for (APL) Recognition of Prior Learning (RPL/CC)?  
 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?  
 \_\_\_\_\_

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

Please turn over

### 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 different workload 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 of the registration or membership requirements for the qualification I am undertaking
- 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: \_\_\_\_/\_\_\_\_/\_\_\_\_