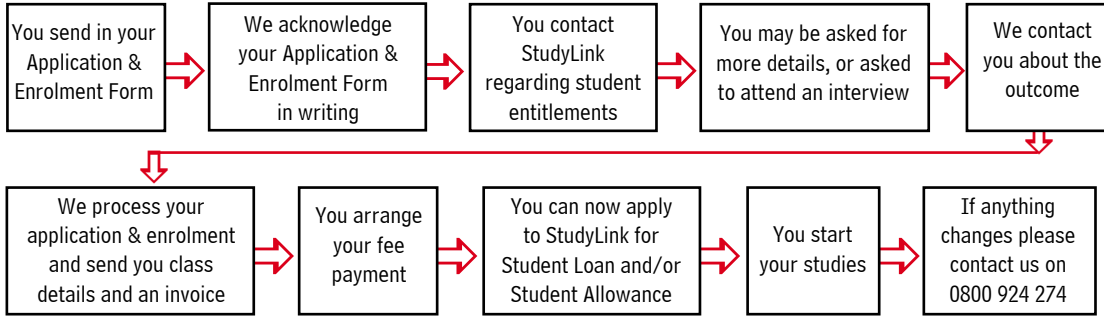


What Happens
When You Apply



Office Use Only

APPLICATION

CHECKED

SENT TO DMC

COMPLETE

CONFIDENTIAL

NOTE: PLEASE USE BLOCK LETTERS AND ANSWER ALL QUESTIONS

Programme

Please indicate which programme/course(s) you plan to study: Full-Time Part-Time

Personal Details

Provide your full legal name as shown on your Birth Certificate or Passport. Attach either a certified copy or bring in your original for us to photocopy. Proof of an ACTIVE National Student Number (NSN) can be used in place of Birth Certificate or Passport. If your full legal name is different from these documents, please also attach a certified copy of your Marriage Certificate or Deed Poll papers.

1. Last Name:

2. First Name/s:

3. Previous Last Name:

4. Preferred First Name:

5. Gender: Male Female

6. Date of Birth: / /

7. Age:

8. Have you previously studied at Waiariki? Yes No

9. If you have studied at Waiariki before under a different name, please provide name:

10. If you have an NZQA (ROL)/National Student Number, please provide number:

Study Details

11. Permanent address:

 Post code:

12. Address while studying:

 Post code:

Phone: Mobile:

Email:

13. Place of Work: Work Phone:

14. Emergency contact name and address:

 Post code:

Relationship:

Phone:

Work:

15. Do you expect to finish your programme of study within one year? Yes No

16. Student Start Date: / / Student Finish Date: / /



Statistical Information Waiariki Institute of Technology is required to supply this information to the Ministry of Education (MOE) and Tertiary Education Commission (TEC). All students must provide this information at the time of their enrolment.

Main Activity

17. What was your MAIN activity or occupation in New Zealand as at 1st October 2006?

- | | | |
|--|--|---|
| 01 <input type="checkbox"/> Secondary School Student | 05 <input type="checkbox"/> University Student | 09 <input type="checkbox"/> Overseas
(irrespective of occupation) |
| 02 <input type="checkbox"/> Non-employed or Beneficiary
(excluding retired) | 06 <input type="checkbox"/> Polytechnic/Institute of
Technology Student | 10 <input type="checkbox"/> Private Training Establishment
Student |
| 03 <input type="checkbox"/> Wage or Salary Worker | 07 <input type="checkbox"/> College of Education Student | 11 <input type="checkbox"/> Wānanga Student |
| 04 <input type="checkbox"/> Self Employed | 08 <input type="checkbox"/> House person or retired | |

Disability/Medical

The information you supply is confidential and will help us to help you. Please refer to the Application & Enrolment Guide.

18. Do you live with the effects of significant injury, long term illness and/or disability? Yes No

19. If "yes," please indicate which of the following applies or is affected.

- | | | | | |
|--------------------------------------|---|--------------------------------|---------------------------------|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Hearing | <input type="checkbox"/> Blind | <input type="checkbox"/> Vision | <input type="checkbox"/> Specific Learning Disabilities |
| <input type="checkbox"/> Medical | <input type="checkbox"/> Mental Health | <input type="checkbox"/> OOS | <input type="checkbox"/> Speech | <input type="checkbox"/> Mobility/Physical |
| <input type="checkbox"/> Head Injury | <input type="checkbox"/> Temporary Impairment | | | |
| <input type="checkbox"/> Other | <input type="text"/> | | | |

20. In the event of an emergency, would you need help to exit the building/campus? Yes No

21. Would you like the Disability Co-ordinator to contact you? Yes No

22. Does your disability require additional resources or support? Yes No

23. Would you like a member of the Learner Support team to contact you? Yes No

Citizenship

It is a MOE and TEC requirement that you must provide a certified copy of your Birth Certificate, Certificate of Citizenship, Passport or other documentary evidence as proof of citizenship.

24. Please tick the box that best describes your citizenship or permanent residency status.

- | | | |
|---|---|--|
| <input type="checkbox"/> NZ Citizen (NZL) | <input type="checkbox"/> Australian Citizen (AUS) | <input type="checkbox"/> NZ Permanent Resident (NZP) |
| <input type="checkbox"/> Other | <input type="text"/> | |
- If "Other," please specify. If you possess dual citizenship, specify the country of citizenship stated in the passport used to enter New Zealand.*

25. If you ticked "Other," please also specify your fee/assistance status:

- | | |
|--|--|
| 01 <input type="checkbox"/> NZAID Scholarship (incl. Aotearoa, short-term training, and post-graduate) | 06 <input type="checkbox"/> Foreign research-based post-graduate |
| 03 <input type="checkbox"/> Full fee-paying foreign student | 08 <input type="checkbox"/> Military personnel, diplomatic staff or family, or persons associated with Operation Deep Freeze |
| 04 <input type="checkbox"/> Exchange Scheme approved by MOE | |

26. During your enrolment in this programme will you be living in New Zealand or overseas? New Zealand Overseas

Ethnic Origin & Iwi

27. Indicate to which ethnic group or groups you belong. *You may tick up to three ethnic groups.*

- | | | | |
|---|---|---|---|
| 111 <input type="checkbox"/> NZ European/Pakeha | 371 <input type="checkbox"/> Other Pacific Peoples
<i>(Please specify below)</i> | 128 <input type="checkbox"/> Australian | 441 <input type="checkbox"/> Sri Lankan |
| 211 <input type="checkbox"/> NZ Māori | 121 <input type="checkbox"/> British/Irish | 129 <input type="checkbox"/> Other European
<i>(Please specify below)</i> | 442 <input type="checkbox"/> Japanese |
| 311 <input type="checkbox"/> Samoan | 122 <input type="checkbox"/> Dutch | 411 <input type="checkbox"/> Filipino | 443 <input type="checkbox"/> Korean |
| 321 <input type="checkbox"/> Cook Island Māori | 123 <input type="checkbox"/> Greek | 412 <input type="checkbox"/> Cambodian | 444 <input type="checkbox"/> Other Asian
<i>(Please specify below)</i> |
| 331 <input type="checkbox"/> Tongan | 124 <input type="checkbox"/> Polish | 413 <input type="checkbox"/> Vietnamese | 511 <input type="checkbox"/> Middle Eastern |
| 341 <input type="checkbox"/> Niuean | 125 <input type="checkbox"/> South Slav | 414 <input type="checkbox"/> Other Southeast Asian
<i>(Please specify below)</i> | 521 <input type="checkbox"/> Latin American |
| 351 <input type="checkbox"/> Tokelauan | 126 <input type="checkbox"/> Italian | 421 <input type="checkbox"/> Chinese | 531 <input type="checkbox"/> African |
| 361 <input type="checkbox"/> Fijian | 127 <input type="checkbox"/> German | 431 <input type="checkbox"/> Indian | 611 <input type="checkbox"/> Other
<i>(Please specify below)</i> |

If "Other," please specify here

28. If you identified as NZ Māori, please provide the 4-digit classification code of your iwi. Refer to the list in the Application & Enrolment Guide for the NZ Standard Classification of Iwi Codes.

- | | | | |
|----------------------|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <i>You may select up to three (3) iwi with which you are most strongly affiliated.</i> |
|----------------------|----------------------|----------------------|--|



DISCLAIMER - Programmes listed will be taught subject to final approval or sufficient enrolments being received. Subject to unforeseen circumstances such as student demand and/or resource availability, Waiariki reserves the right to cancel, change the content, timing, method or place of delivery of any programme/course.

It is important that you read the General Conditions/Declaration and Agreement to Pay Programme Fees in the Application & Enrolment Guide before signing.

38. I understand and agree to the following:

- i) that my application for enrolment will not proceed until this form and the following declaration have been completed in full.
- ii) that I have received, read and understood the information in the 2007 Waiariki Application & Enrolment Guide before signing the following declaration.
- iii) that Waiariki has obligations under the Privacy Act 1993, as set out in the 2007 Waiariki Application & Enrolment Guide and I authorise Waiariki to obtain, hold, use and disclose information about me in accordance with the Privacy Act 1993.
- iv) that if I apply for a student loan and/or student allowance Waiariki will give verification of my study to StudyLink.
- v) that I have received, read and understood the General Conditions/Declaration and Agreement to Pay Programme Fees in the 2007 Waiariki Application & Enrolment Guide before signing the following declaration.
- vi) that I have received, read and understood the information about Waiariki's Fees and Refund Policy in the 2007 Waiariki Application & Enrolment Guide before signing the following declaration.

39. I declare that the information supplied in and with this application is true and complete.

Signature of Applicant:

Date:

NOTE: This Application & Enrolment Form may include a number of inserts, depending on the programme, e.g. academic qualifications, special requirements.

Apply now for student loans and allowances : www.studylink.govt.nz or phone 0800 88 99 00



0800 WAIARIKI (0800 924 274)

Website: www.waiariki.ac.nz

Email: enquiries@waiariki.ac.nz

Rotorua Campus

Mokoia Drive
Private Bag 3028
Rotorua 3046
Ph: 07 346 8999 Fax: 07 346 8768

Tokoroa Campus

29 Bridge Street
P.O. Box 432
Tokoroa 3444
Ph: 07 885 0200 Fax: 07 885 0210

Taupo Campus

Corner of Kaimanawa & Heu Heu Streets
P.O. Box 1280
Taupo 3351
Ph: 07 376 0030 Fax: 07 376 0040

Whakatane Campus

33 Cutler Crescent
P.O. Box 644
Whakatane 3158
Ph: 07 306 0050 Fax: 07 306 0060

Office Use Only:

Cashier Receipt No.

Student accepted on to programme/course by (signature) Designation Date

Personal Details Input by Name Signature Date

Programme Entry ID Code OTE Short Name

Course/Unit Component ID Code/s

Electives attached Yes No Type (circle) FT/FY, FT/PY, PT/FY, PT/PY Fees \$

Enrolment Form Coded and Checked By: Date

Staff Enrolment Authorised by Date Designation

(This section to be completed by Enrolment Officer)

MOE Funding Source Student ID Fees \$ Invoice No.

Enrolment Input By Designation Date