

DOMESTIC STUDENTS

Application/Enrolment Form



Hamilton and Auckland Enrolments:

Post to:
Vision Enrolments Office
21 Ruakura Road
Hamilton 3216

Enquiries: 0800 834 834
Administration: 07 853 0777
Fax: 07 853 0223
Email: hamilton@visioncollege.ac.nz

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and administrative reasons.

- Please complete all sections of this form and sign the declaration.
- Please attach all additional documentation required as per the documentation section.
- Note: International students should use the International Student enrolment form, which is available on the website.

QUALIFICATION

- 1) What qualification do you wish to enrol in?
- Qualification start date: Qualification end date:

PERSONAL DETAILS

- 2) Your full legal name: Family Name: Title: Mr Miss Mrs Ms
First Name(s):
- 3) Preferred name (if different to above):
Previous name(s) known by:
- 4) If you have previously enrolled under another name, what was that name?
- 5) Date of birth: / /
- 6) Gender: Male Female Another Gender
- 7) Do you know your NSN (National Student Number)? No Yes If yes, please write it here:
- 8) Citizenship: New Zealand Citizen New Zealand Permanent Resident Australian Citizen Australian Permanent Resident Other (please specify)
- 9) During your study, where will you be residing? New Zealand Overseas
- 10) Which ethnic group(s) do you belong to?
- | | | | |
|--|--|--|---|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> British/Irish | <input type="checkbox"/> Other European | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> New Zealand Māori | <input type="checkbox"/> Dutch | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Greek | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Polish | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> South Slav | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Niue | <input type="checkbox"/> Italian | <input type="checkbox"/> Chinese | <input type="checkbox"/> African |
| <input type="checkbox"/> Tokelauen | <input type="checkbox"/> German | <input type="checkbox"/> Indian | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Australian | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Not Stated |
| <input type="checkbox"/> Other Pacific Peoples | | | |

If Other European / Other Asian / Other Southeast Asian / Other Pacific Peoples or Other, please specify:

- a) If you identified as New Zealand Māori, what is the name of the Iwi you have the strongest affiliation to?

You may enter up to three.

Iwi Iwi Iwi

Rowe (Iwi home area) Rowe (Iwi home area) Rowe (Iwi home area)

- 11) How did you hear about this course?

ACADEMIC INFORMATION

12) What was your main activity in New Zealand as at 1 October in the year prior to this course start date?

- Secondary School Student
 Self-employed
 House-person or Retired
 Wānanga student
 Non-employed or beneficiary
 University Student
 Irrespective of Occupation
 Wage or salary worker
 Polytechnic Student
 Private training establishment student

13) Do you live with the effects of significant injury, long term illness or disability? Yes No

If yes, how would you describe your significant injury, long term illness or disability? The information you supply is confidential.

14) Is there anything that you suffer from that is likely to affect your study, or that we should be aware of while on campus?

- Chronic Fatigue
 Depression
 Diabetes
 Other (please specify)
 Epilepsy
 Migraines
 RSI (OOSE)
 No, I don't suffer from any of these health issues.

15) What was the name of the last secondary school you attended?

School: Year: New Zealand Overseas

16) What is the highest level of achievement you hold from a secondary school?

- No formal secondary qualifications
 14 or more credits at any level
 NCEA Level 1 or School Certificate
 NCEA Level 2 or 6th Form Certificate
 University Entrance
 NCEA Level 3 or Bursary or Scholarship
 Overseas qualification (includes Cambridge & International Baccalaureate exams) please specify
 Not Known

Other (please specify)

17) Is this the first time you have enrolled at a tertiary institution in New Zealand or overseas?

No Yes (if yes, go to question 18)

If No, please enter the name of the organization you first studied at and the year of your first enrolment:

School: Year: New Zealand Overseas

18) Please list any tertiary study that you have done (include the highest level qualifications that you have completed).

Institution	Course	Year Studied	Year of completion

CRIMINAL CONVICTIONS

19) Do you have any criminal convictions including criminal traffic offences? Yes No

If "Yes" please state below the nature of the offense(s)? The information you supply is confidential.

HEALTH AND ETHICAL ISSUES

20) Have you used any illegal substances before? Yes No

a) What have you used?

b) When did you last use it?

21) Please advise us of anything else that may interfere with your ability to study. *(Writing something here does not make you ineligible for the course. But we would like to discuss any potential issues at the interview, to ensure you are able to successfully complete your studies).*

EMPLOYER DETAILS

Employers Name:

Employers Address:

Industry Type:

CONTACT DETAILS

Home Address:

Post Code:

Postal Address:

(if different)

Post Code:

Email Address:

Daytime Phone:

Mobile:

Emergency Contact Name (must be related):

Relationship:

Mobile:

Home Ph:

Work Ph:

Email:

DOCUMENTATION

To be treated as a **domestic student**, and so be entitled to the Government tuition subsidy, you must be

- a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) **or**
- a permanent resident of New Zealand **or**
- a citizen or permanent resident of Australia residing in New Zealand **or**
- a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship).

If you are studying overseas full-time and face-to-face at a campus or delivery site of a New Zealand tertiary education organisation (TEO), you may also qualify as a domestic student if

- you are a permanent resident of New Zealand or a citizen or permanent resident of Australia **and**
- you are studying in an approved country **and**
- the overseas study is level 7 or above on the New Zealand Qualification Framework.

The 29 approved countries are in the Asia, Latin America and Middle East regions. A full list is available on the [Education New Zealand website](#).

You must provide evidence of citizenship or permanent residency. To do so you must produce one of the following:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport
- A certificate of identity.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.

- A New Zealand certificate of citizenship.
- Overseas passport with residency stamp.

You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy, photograph or scanned copy 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, Member of Parliament, Land Transport New Zealand, Public trust, or local authority employee designated for this purpose.

When a learner is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable.

International students must bring their passport with them when they enrol. **Please note** that your name, date of birth and residency as entered on this enrolment form will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register.

On occasion, more than one National Student Number is created for an individual. The Ministry regularly monitors the quality of the National Student Index and, when duplicates or errors are discovered, it works with providers and government agencies to merge duplicates and correct errors. This may require the documentation you provide at enrolment being shared between agencies authorised to access the National Student Index to make these corrections.

For further information please see: <http://nsi.education.govt.nz/home.aspx>

USE OF INFORMATION AND PRIVACY STATEMENT

Privacy – Activate Training Centre Limited collects and stores information from this form to:

- manage the business of Activate Training Centre Limited (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education and Training Act 2020 and other legislation¹ relating to maintenance of records
- supply information to government agencies and other organisations as set out below.

In signing this enrolment form you authorise the disclosure of your personal information on the understanding that Activate Training Centre Limited will comply with the legal requirements in relation to the use and disclosure of personal information, as set out in the Privacy Act 2020, the Education and Training Act 2020 and other relevant legislation. You are entitled to see any information that Activate Training Centre Limited holds about you and request to correct any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act 2020 has the stated aim of protecting the privacy of individuals.

The Privacy Act requires Activate Training Centre Limited to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act.

<https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html>

Supply of information to government agencies and other organisations

Activate Training Centre Limited supplies data collected on this form to government agencies, including:

- the Ministry of Education
- Education New Zealand
- 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 (for those who are not New Zealand citizens or permanent residents) and the Ministry of Business, Innovation and Employment
- agencies which 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 Activate Training Centre Limited to:

- administer the tertiary education system, including allocating funding and the administration of the Fees-Free and Fees-Free Trades Training initiatives
- 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 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 2020.

When required by law, Activate Training Centre Limited 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.

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. Activate Training Centre Limited’s policy on Withdrawal and Refund of fees may be obtained from the Enrolments Officer.

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

Photography and Video – At times, photos or video might be recorded on campus, in classes or at events. If I am included in these photos or videos, I agree that Activate Training Centres Limited owns the images, and all rights related to them, and understand that the images may be used in any manner, any media and any location. I exempt Activate Training Centres Limited from any payment or compensation to me for the images.

NZ Police Vetting/Ministry of Justice check - I understand that police checks will be done upon completion of the relevant consent forms (ECE/Counselling courses only).

The result of this check will be held on my student file for the duration of my enrolment and may be sent to a placement upon written request. By signing the enrolment form I agree to this.

¹ This includes legislation governing the maintenance of official records and for accountability for public funding.

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

OFFICE USE ONLY:

Document type	full legal name	date of birth	gender	citizenship or residency status	Photo ID	Name of person sighting document	Date	Signature

All documents must be sighted and signed by a staff member. All 5 columns must be covered by the documentation provided.