

Enrolment Form



Telford
Te Whare Wānaka o Puerua

A Division of
Lincoln University

New Zealand's specialist
land-based university

Welcome to Telford – a Division of Lincoln University.

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

Form to be returned to Telford – a Division of Lincoln University, Private Box 6, Balclutha, Freepost 73091.

For office use only

Enrolment accepted: Date: Course controller	Enrolment validated: Date: Registrar	Student I.D.	Efts value:
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Birth certificate sighted: Yes No

Instructions

The purpose of this enrolment form is to collect the information needed to support your application to enrol in a qualification at Telford. We also need to collect information required by the Ministry of Education and other Government agencies for statistical and registration purposes. Please fill in the form by:

- Completing all sections
- Printing your answers clearly in pen, or ticking the box that applies in the multiple-choice questions
- Signing the student declaration
- Attaching any additional documentation that is required for Ministry of Education funding purposes. A description of the required documentation is provided under section E: Documentation.

A: Qualification

1	Course of study:	Level:
	Planned start date:	
	Chosen Electives (if applicable):	

B: Personal details

2 Family name: Given name(s):

3 Preferred first name:

4 If you have previously enrolled at this institution under another name, what was that name?

5 Preferred title: Ms Miss Mrs Mr Other (specify):

6 Date of birth:
day / month / year

7 Male Female

8 If you are registered with NZQA and have an NZQA Record of Learning Number, please write it here:

 - -

9 Citizenship and residency:

Tick the box that best describes your citizenship or permanent residency status.

New Zealand Citizen Australian Citizen New Zealand Permanent Resident

Please specify citizenship if 'NZ Permanent Resident':

Other Please specify:

(For students with dual citizenship, specify the country of citizenship stated in the passport used to enter New Zealand)

If you ticked 'Other', please also specify your fee/assistance status.

Full fee paying foreign student 03

Exchange student 04

Military personnel, diplomatic staff or family, or persons associated with Operation Deep Freeze 08

During your enrolment in this qualification, will you be resident in New Zealand or overseas? New Zealand Overseas

10 Ethnicity:

What ethnic group(s) do you belong to?

You may tick up to three boxes which apply to you.

NZ European/Pakeha <input type="checkbox"/> 111	Other Pacific Peoples <input type="checkbox"/> 371	Australian <input type="checkbox"/> 111	Sri Lankan <input type="checkbox"/> 441
New Zealand Māori <input type="checkbox"/> 211	British/Irish <input type="checkbox"/> 121	Other European <input type="checkbox"/> 129	Japanese <input type="checkbox"/> 442
Samoa <input type="checkbox"/> 311	Dutch <input type="checkbox"/> 122	Filipino <input type="checkbox"/> 411	Korean <input type="checkbox"/> 443
Cook Island Māori <input type="checkbox"/> 321	Greek <input type="checkbox"/> 123	Cambodian <input type="checkbox"/> 412	Other Asian <input type="checkbox"/> 444
Tongan <input type="checkbox"/> 341	Polish <input type="checkbox"/> 124	Vietnamese <input type="checkbox"/> 413	Middle Eastern <input type="checkbox"/> 511
Niue <input type="checkbox"/> 341	South Slav <input type="checkbox"/> 125	Other Southeast Asian <input type="checkbox"/> 414	Latin American <input type="checkbox"/> 521
Tokelauan <input type="checkbox"/> 111	Italian <input type="checkbox"/> 126	Chinese <input type="checkbox"/> 421	African <input type="checkbox"/> 531
Fijian <input type="checkbox"/> 361	German <input type="checkbox"/> 127	Indian <input type="checkbox"/> 431	Other <input type="checkbox"/> 611
Not Stated <input type="checkbox"/> 999			

Please specify if 'Other Pacific Peoples', 'Other Asian' or 'Other':

11 Iwi:

If you identified as New Zealand Māori in question 11, what is the name of your Iwi? You may enter more than one Iwi. If you don't know the name of your Iwi, please enter 'Don't Know'.

Iwi:

Iwi:

Rohe (Iwi home area):

Rohe (Iwi home area):

Iwi:

Iwi:

Rohe (Iwi home area):

Rohe (Iwi home area):

12 Prior activity:

What was your MAIN activity or occupation in New Zealand at 1 October, last year? You may tick only one box.

Secondary school student 01 Unemployed or beneficiary (excluding retired) 02

Wage or salary worker 03 Self-employed 04

University student 05 Polytechnic student 06

Overseas (irrespective of occupation) 07 House-person or retired 08

Wananga student 09 Private training establishment student 10

13 Disability:

Do you have a significant injury, long-term medical condition, or disability? The information you supply is confidential.

Yes No

If yes, please describe your injury, long-term medical condition or disability:

C: Academic information

14 Secondary school:

What was the name of the last secondary school you attended? State 'overseas', if applicable.

What was your last year at secondary school?

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 | University Entrance | <input type="checkbox"/> 14 |
| 14 or more credits at any level | <input type="checkbox"/> 11 | NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> 15 |
| NCEA Level 1 or School Certificate | <input type="checkbox"/> 12 | Overseas qualification (includes International Baccalaureate and Cambridge Exams) | <input type="checkbox"/> 09 |
| NCEA Level 2 or 6th Form Certificate | <input type="checkbox"/> 13 | | |
| Not known | <input type="checkbox"/> 99 | Other | <input type="checkbox"/> 98 |

Please specify if 'Overseas qualification' or 'Other':

15 Tertiary study:

Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment, or Wananga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.

Yes No

If you answered 'No', please enter the name of the organisation where you studied, and the year of your first enrolment:

Organisation name: Year:

What year do you expect to complete the academic requirements of your course(s) in order to graduate with your qualification?

Year:

D: IRD number collection for student loan interest write-off

16 Do you currently have or will you have a student loan this year?

No – please go to Question 18

Yes – please insert your IRD number (see notes for more information on interest write-off)

- -

Interest-free student loans and other interest write-offs

On 1 April 2006, legislation was introduced to make student loans interest free for borrowers living in New Zealand.

Providing your IRD number is voluntary. This is requested so the Ministry of Education can share information with IRD regarding student enrolments. If you choose to provide your IRD number on the enrolment form, it will be included with your enrolment details and given to the Ministry of Education.

For more information on interest-free student loans, visit www.ird.govt.nz/studentloans.

E: Documentation

17 To qualify as a domestic student, and 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. You must provide evidence of citizenship or permanent residency by providing ONE of the following:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue
- New Zealand passport
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua
- Certificate of citizenship or letter of confirmation
- Overseas passport with residency stamp.

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) or a solicitor. You can find a list of Justices of the Peace in the yellow pages of the telephone book.

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. For further information please see: www.nsi.education.govt.nz/home.aspx.

PLEASE LIST ALL THE DOCUMENTS THAT YOU HAVE ATTACHED TO THIS ENROLMENT FORM. CERTIFIED DOCUMENTS SHOULD BE SECURELY STAPLED TO THE BACK OF THE FORM.

F: How did you find out about Telford – a Division of Lincoln University?

18 (Please tick all applicable boxes)

Brochure/Prospectus/Video	<input type="checkbox"/>	Careers Adviser	<input type="checkbox"/>	School Teacher	<input type="checkbox"/>	Careers Expo	<input type="checkbox"/>
Family/Friend	<input type="checkbox"/>	Employer	<input type="checkbox"/>	STAR Course	<input type="checkbox"/>	Open Day	<input type="checkbox"/>
Magazine advert	<input type="checkbox"/>	Newspaper advert	<input type="checkbox"/>	Radio advert	<input type="checkbox"/>	Visit by Student Liaison Officer	<input type="checkbox"/>
Telford website	<input type="checkbox"/>	Careers NZ	<input type="checkbox"/>	Previous student	<input type="checkbox"/>	Taster Week	<input type="checkbox"/>

G: Contact details

19 Address and contact details:

Home address:

	Postcode:	

Term address:

	Postcode:	

Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Fax:	<input type="text"/>	Email:	<input type="text"/>

H: Student declaration

Privacy

Telford – a Division of Lincoln University, collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) and agencies that support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards). The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records.

In addition, when required by statute, Telford – a Division of Lincoln University, releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that Lincoln University will observe the general conditions governing the release of information, as set out in the Privacy Act 1993*, the Education Act 1999 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, please contact the Enrolments Officer.

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. Telford's policy on withdrawal and refund of fees is set out in the Telford Student Handbook.

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 of applicant:

Date:

Parent/Caregiver declaration

Parent/Caregiver's name:

Phone: Mobile:

Home address:

I undertake to guarantee the payment of all fees and any other accounts as soon as they are rendered.

Signature of Parent/Caregiver:

Date:

*The Privacy Act came into force on 1 July 1993, with the stated aim of protecting the privacy of a living natural person. It requires Telford to collect, hold, handle, use and disclose personal information in accordance with the 12 information privacy principles in the Act. www.privacy.org.nz/privacyact.

I: Additional information

Work experience:

Sports/interests:

Special interests:

Reasons for studying at Telford:

Checklist

To complete your enrolment, you will need to complete the following pages also and return them with this form.

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| Medical statement | <input type="checkbox"/> | Character reference | <input type="checkbox"/> |
| Your last school report | <input type="checkbox"/> | Equine students - riding reference | <input type="checkbox"/> |
| Copy of one of the documents as set out in section E18 of the enrolment form | <input type="checkbox"/> | | |

Please arrange with your Principal/Headmistress/Headmaster/Rector to have the 'Principal's Report' completed and returned to Telford – a Division of Lincoln University.

J: Halls of Residence application

For office use only

Application received	Acceptance sent	Room allocated	Acceptance Nos

Instructions

(See front of form.) Send completed form to:

FREEPOST 73901, Telford - a Division of Lincoln University, Private Box 6, Balclutha 9420

Accommodation options:

Seven-day student Five-day student

Please indicate your option

OPTION One - Single room with ensuite

First choice

OPTION Two - Single room utilising communal shower and toilet

OPTION Three - Double room utilising communal shower and toilet

Second choice

The Privacy Act 1993

Applicants are advised that the Halls of Residence Office will use the information provided on this application form in accordance with the Privacy Act 1993.

Contact details:

Family name:

Given name(s):

Home address for reply:

Postcode:

Telephone:

Mobile (optional):

Date of birth:

Female Male

Course of study applied for:

Special requirements:

Do you have a disability/medical condition/or take regular medication? Yes No

Do you have a special dietary requirement? Yes No If Yes, please specify:

Tick the box of the ethnic group which you identify with:

Māori Asian Other

Pacific Islander Pakeha/European

If you have a special religious affiliation, please state which (this question is optional):

Other information:

Do you intend to seek authority to bring a motor vehicle to Telford? Yes No (if yes complete 'Application Form to bring Own Vehicle')

Do you intend to seek authority to bring a firearm/stock whip to Telford? Yes No (if yes complete 'Application Form to bring Firearm(s)/Stock Whip')

List any school/community activities you have been involved in:

List your personal interests/cultural activities:

List the sporting activities you are involved/interested in:

List any Halls of Residence you have previously lived in (name and date):

Applicant declaration

For the purposes of the Privacy Act 1993 you (the applicant) consent to Telford – a Division of Lincoln University, Halls of Residence staff obtaining information from the Applicant. This consent extends to Telford Halls of Residence using any information about the Applicant it holds for the purposes of establishing and maintaining the relationship between the Applicant and Telford Halls of Residence. The Applicant also agrees that Telford Halls of Residence may disclose any information it holds about the Applicant without limitation, to any person or agency, that such disclosure of information shall be confined to that information reasonably required by any such person or agency.

I hereby give my consent and agreement, and also declare the information supplied by me to be true and correct.

Date: Applicant's signature:

K: Medical statement

Information provided in this document is only available to Telford management. Where appropriate, and with your consent, information that may relate to your safety and well-being while on field trips will be disclosed to fellow tutors. All information contained in this document will be used in accordance with the Privacy Act 1993. The information contained in this form is not used for eligibility purposes for the course in which you wish to enrol.

Student details:

Family name: Given name(s):
Next of kin: Emergency contact number:

Medical details:

Have you ever suffered from any of the following complaints?

Arthritis Hay fever Pneumonia Ear problems
Asthma Hypothermia Acute abdominal problems Headaches/migraines
Diabetes Hyperthermia Back/neck/spinal injuries Heart problems
Epilepsy Hyperventilation Bleeding disorders High blood pressure
Eczema Head injuries/concussion Mental health issues Low blood pressure
Other Please specify:

Infections?

Have you ever been infected with any of the following?

Tinea Herpes HIV Hepatitis Meningitis
Other Please specify:

Allergic reaction(s):

Do you have allergic reaction(s) to any of the following?

Antibiotics Elastoplasts Foods Penicillin
Insect bites Medication Injections Other

If you have ticked any of the above, please give details (symptoms, action required):

Medication:

Are you currently on medication? Yes No If you have ticked yes, please provide details

Medicine	Dosage/Frequency	Reason
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Prevention:

Is your tetanus vaccination current? Yes No

Do you suffer from any phobias? Yes No If yes, please give details below:

Learning disabilities:

Do you have any learning disabilities? Yes No If yes, please specify:

Risks

There will always be risks and hazards associated with any activity, especially in an outdoor environment. It is important to understand that safety is a shared responsibility of the organisation and the participants in the programme.

Applicant Consent

I consent to this information being provided to tutors for the purpose of my safety and well-being on field trips. I agree that all information is correct at time of completion of this form.

Date:

Student signature:

Parent/Caregiver signature:

Application Form to bring Own Vehicle



Telford
Te Whare Wānaka o Puerua
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Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature:	Date:
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The Privacy Act

Applicants are advised the Halls of Residence Office will use the information provided on this application form in accordance with the Privacy Act 1993, as detailed in the Student Handbook.

A: Personal details

Family name: Given name(s):
Date of birth: Driver's Licence Class:

B: Motor vehicle details (Attach copy of licence with this application)

Vehicle owner's name:
Vehicle make and model: Year of manufacture:
Colour: Registration number:
Warrant of Fitness expiry date: Registration date:
Insurance: Third party Full Insurance company:

C: Conditions for motor vehicle use

You must maintain a good driving record, and conform with licence requirements:

- Students under 18 years of age must have written parental permission
- The driver must have a current licence
- The motor vehicle must be registered and maintained to Warrant/Certificate of Fitness standards and have a current Warrant/Certificate of Fitness
- The driver must have a minimum of Third Party insurance
- The motor vehicle must not be used to assist any person to break the rules of Telford
- Drivers are to park their motor vehicle in designated parking areas only
- Drivers shall not use their motor vehicle to travel between Halls of Residence and classrooms
- Drivers shall drive responsibly when on public roads and on campus.

D: Declaration

I have read and understood the conditions, and I further declare that my vehicle is in road worthy and warrantable condition.

Signature of parent/guardian: Date:
Signature of applicant: Date:

Application Form to bring Firearm(s)/Stock Whip



Telford
Te Whare Wānaka o Puerua
A Division of Lincoln University

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Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>	Signature:	Date:
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The Privacy Act

Applicants are advised the Halls of Residence Office will use the information provided on this application form in accordance with the Privacy Act 1993, as detailed in the Student Handbook.

A: Personal details

Family name: Given name(s):
Date of birth: Firearm Licence Number:

B: Details of firearm(s) (Attach copy of licence with this application)

Type of firearm(s)	Serial Number(s)
1.	
2.	
3.	

Stock whips

Do you have a stock whip with you at Telford? Yes No

C: Declaration

I declare that I have read and understood the conditions, the information contained in this form is correct, and I will abide by Policy 6-10 Firearms and Whips.

Signature of parent/guardian: Date:
Signature of applicant: Date:

Principal's Report

Telford – a Division of Lincoln University, would be grateful if you could complete this report, which will be treated in strictest confidence. Please return this form to us as soon as possible. Telford appreciates your cooperation. Thank you.

Student details:

Student's name:

School/course name:

Years at your college/school:

Level/form this year:

* Year 11 Subject achievements:

* Year 12 Subject achievements:

* Year 13 Subject achievements:

(*For achievement, please enter marks/grades/results from most recent national or school assessment.)

Extra curricular activities:

Positions of responsibility:

Sporting:

Social and cultural:

Other:

Characteristics:

Please grade effort on a scale of: 1 for Unsatisfactory, 2 for Satisfactory, 3 for Very Good, 4 for Excellent.

Attendance	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Punctuality	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Courtesy	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Conduct	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Perseverance	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Reliability	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Tidiness	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Initiative	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Taking responsibility	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Acceptance of correction	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Self-control	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Relationship with adults	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Working independently	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Consideration of others	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Handling peer pressure	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Concentration	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>

Comments

Please provide a general comment about the Applicant’s suitability for a one-year residential course of study which includes both practical and academic training/study.

Signature:

Position held:

Please post or fax direct to:

Freepost 73091,
Telford – a Division of Lincoln University
Private Box 6
Balclutha 9420

Phone (03) 419 0300
Fax (03) 418 3584