

Enrolment Form



Telford
Te Whare Wānaka o Puerua
A Division of Lincoln 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, PO Box 6, Balclutha, 9240.

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 we need to enrol you in a qualification at Telford. We also need to collect information that is required by the Ministry of Education and other Government agencies for statistical and registration purposes. Please fill in the form properly by:

- Completing all sections of the form
- Printing your answers clearly in pen, or ticking the box that applies for multi-choice questions
- Signing the form
- Attaching any additional documentation that is required for Ministry of Education funding purposes. A description of the required documentation is provided on page 4 of the form.

A: Qualification

1	Course of study:	Level:
Planned start date:		

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

7 IRD number: - -

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

10 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.

MFAT Scholarship (incl. Aotearoa, short-term training, and post-graduate) 01

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? In New Zealand Overseas

11 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
Tokelau <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".

12 Iwi:

If you identified as New Zealand Māori in question 11, with which Iwi do you identify? 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):

13 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 Non-employed or beneficiary (excluding retired) 02

Wage or salary worker 03 Self-employed 04

University student 05 Polytechnic student 06

Overseas (irrespective of occupation) 09 House-person or retired 08

Wananga student 12 Private training establishment student 11

14 Disability:

Do you have any 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

15 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 & | |
| NCEA Level 2 or 6th Form Certificate | <input type="checkbox"/> 13 | Cambridge Exams) | <input type="checkbox"/> 09 |
| Not known | <input type="checkbox"/> 99 | Other | <input type="checkbox"/> 98 |

Please specify if "Overseas qualification" or "Other".

16 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.

No Yes

If you answered "No", please enter the name of the organisation that you studied at, 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

17 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.

Completing your IRD 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

18 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 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.govt.nz/ima

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

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

19 (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 Recruitment Officer	<input type="checkbox"/>
Telford Website	<input type="checkbox"/>	Careers NZ	<input type="checkbox"/>	Previous Student	<input type="checkbox"/>	Television Cover	<input type="checkbox"/>

G: Contact Details

20 Address and contact details:

Home Address:

	Postcode:	

Term Address:

	Postcode:	

Phone: ()

Mobile:

Fax: ()

Email:

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 who 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 Rehabilitation Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that Telford will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the Director Finance and Administration.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the Organisation to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. www.privacy.org.nz/privacyact.

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 Students’ Handbook.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of Telford as set out in the Students’ 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:

Date:

Additional Information

Work Experience

Sports/Interests

Special Interests

Reasons for studying at Telford

To complete your enrolment, please check you have included the following

- | | | | |
|--|--------------------------|------------------------------------|--------------------------|
| Non-refundable enrolment fee of \$50.00 | <input type="checkbox"/> | Medical Statement | <input type="checkbox"/> |
| Your last school report | <input type="checkbox"/> | Character reference | <input type="checkbox"/> |
| Copy of one of the documents as set out in section E18 of the enrolment form | <input type="checkbox"/> | Equine students - riding reference | <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.

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, and agree that the applicant will be subject to, and abide by the Policies, Procedures and Regulations of Telford - a Division of Lincoln University.

Signature Parent/Caregiver:

Date:

Halls of Residence Application

Office use only

Application received	<input type="text"/>	Acceptance sent	<input type="text"/>
Room allocated	<input type="text"/>	Acceptance Nos	<input type="text"/>

Instructions

Send completed form to:

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

Available Accommodation

7 day student 5 day student

OPTION 1 - Single room with ensuite

OPTION 2 - Single room utilising communal shower and toilet

OPTION 3 - Double room utilising communal shower and toilet

Please Indicate Your Selection

1st Choice

2nd 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, as detailed in the Telford Handbook.

Section A

Family name: Given names:

Home Address for reply:

Post code:

Telephone: Mobile (optional):

Date of Birth: Female Male

Course of study applied for

Section B

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

Do you have a special dietary requirement? Yes No

Tick the box of the ethnic group which you identify:

Māori Asian Other

Pacific Islander Pakeha/European

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

Section C

Do you intend to seek authority to bring a motor vehicle to Telford? Yes No

Do you intend to seek authority to bring a firearm to Telford? Yes No

If you answered yes to either of these questions, you must complete the relevant authority form or permission will be denied. (Contact Telford Administration for forms).

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

List your personal interests/cultural activity:

List the sporting activities you are involved/interested in:

List any Halls of Residence/Hostels you have previously lived in (Name and Date):

Applicant Declaration

For the purposes of the Privacy Act 1993 the Applicant consents to Telford - a Division of Lincoln University Halls of Residence obtaining information from the Applicant. This consent extends to Telford - a Division of Lincoln University 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 - a Division of Lincoln University Halls of Residence. The Applicant also agrees that Telford - a Division of Lincoln University 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. The Applicant also agrees to abide by the Rules and Regulations of the Hall of Residence. I hereby give my consent and agreement, and also declare that the information supplied by myself to be true and correct.

Date: Applicant's Signature:

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 names:
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 disability Low blood pressure

Other

Infections

Have you ever been infected with any of the following?

Tinea Herpes HIV Hepatitis
Meningitis Other

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

Medicine	Dosage/Frequency	Reason

Prevention

Is your tetanus vaccination current? Yes No

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

Risk Disclosure

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.

Date:

Student Signature:

Parent / Caregiver Signature:

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 co-operation. Thank you.

Student Details

Confidential Report on:

A Student at:

Years at your college/school: Level/Form this year:

* Year 11 Subject Achievements:

<hr/> <hr/> <hr/> <hr/> <hr/>

* Year 12 Subject Achievements:

<hr/> <hr/> <hr/> <hr/> <hr/>

* Year 13 Subject Achievements:

<hr/> <hr/> <hr/> <hr/> <hr/>

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

Extra Curricular Activities

Positions of Responsibility:

<hr/>
<hr/>

Sporting:

<hr/>
<hr/>

Social and Cultural:

<hr/>
<hr/>

Other:

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