

School of Early Childhood Education

■ Application Forms

Documents Required for your Application

Document Checklist

Check off each of these to make sure you have completed the application requirements.

In this booklet:

- Application/Enrolment Form
- Health and Ethical Issues
- List of Referees
- Confidential Referee Report #1
- Confidential Referee Report #2
- Ministry of Justice check form

Confidential referee reports are to be cut-out and given to the referee to fill in, and then mailed in separately by the person completing the report.

Additional documents for Level 5 applications:

- Written Assignment

The assignment is described in this booklet.

Additional documents for Youth Guarantee applications:

- Youth Guarantee eligibility form

Proof of Identity: Proof of Citizenship or Residency – ***one*** of these:

- 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.

You can bring the original documentation to the enrolment desk. Alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.

Proof of Identity: Photo ID – ***one*** of these:

- Passport
- Driver's Licence
- Former Student ID Card
- R18+ ID Card
- Any other Photo ID

DOMESTIC STUDENTS Application/Enrolment Form



Hamilton and Auckland Enrolments:

Post to: Fax 07 853 0223
Vision College Enrolments Office Enquiries 0800 834 834
21 Ruakura Road Administration 07 853 0777
Hamilton 3216 Email admin@visioncollege.ac.nz

Christchurch Enrolments:

Post to: Fax 03 366 9271
Vision College Enquiries 0800 834 834
334 Manchester St Administration 03 377 2364
Christchurch 8013 Email christchurch@visioncollege.ac.nz

- 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:
2. Have you studied at Vision College before? Yes No If yes, what was your Student ID number?
3. How do you intend to study? Full time Part time
4. Where do you intend to study? On Campus – Which one?
Distance/Online/Block Courses (if offered)
5. If there are options for your course, what option are you choosing?
e.g. Music students write your chosen major. Leadership students could write “internship” or “on campus”. Business students list your chosen papers.

If the qualification you have chosen does not have options, or if you are unsure, leave this field blank.
6. What year do you expect to complete the academic requirements of your course(s) with Vision College in order to graduate with your qualification? Year

PERSONAL DETAILS

7. **Your full legal name:** Family Name: Title: Mr Miss Mrs Ms
First Name(s):
8. Preferred name (if different to above):
Previous name(s) known by:
9. If you have previously enrolled under another name, what was that name?
10. Date of birth: //
D D M M Y Y Y Y
11. Gender: Male Female
12. Do you know your NSN (National Student Number)? No Yes If yes, please write it here:
13. Citizenship: New Zealand Citizen New Zealand Permanent Resident Australian Citizen Other (please specify)
14. During your study, where will you be residing? New Zealand Overseas

15. 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:

15a. 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

16. How did you hear about this course?

ACADEMIC INFORMATION

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

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Secondary School Student | <input type="checkbox"/> Self-employed | <input type="checkbox"/> College of Education student | <input type="checkbox"/> Private training establishment student |
| <input type="checkbox"/> Non-employed or beneficiary | <input type="checkbox"/> University Student | <input type="checkbox"/> House-person or retired | <input type="checkbox"/> Wānanga student |
| <input type="checkbox"/> Wage or salary worker | <input type="checkbox"/> Polytechnic Student | <input type="checkbox"/> Overseas | |

18. 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.

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

- | | | | |
|--|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Depression | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraines | <input type="checkbox"/> RSI (OOSE) | <input type="text"/> |

20. What was the name of the last secondary school you attended?

School: Year: New Zealand Overseas

21. What is the highest level of achievement you hold from a secondary school?

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> No formal secondary qualifications | <input type="checkbox"/> 14 or more credits at any level | <input type="checkbox"/> NCEA Level 1 or School Certificate | <input type="checkbox"/> NCEA Level 2 or 6 th Form Certificate |
| <input type="checkbox"/> University Entrance | <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> Overseas qualification (includes Cambridge & Baccalaureate exams) | <input type="checkbox"/> Not Known |
| <input type="checkbox"/> Other (please specify) | | | |

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

Yes No (if yes, go to question 16)

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

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

Institution	Course	Year Studied	Successfully completed?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Do you have a Studylink student loan from a previous course? Yes No

Are you applying for a Studylink student loan for this course? Yes No

If yes to either question, what is your IRD number?

On 1 April 2006, legislation was introduced to make student loans interest free for borrowers living in New Zealand. For more information on interest free student loans, visit www.ird.govt.nz/studentloans. Completing your IRD number is voluntary.

25. Please provide details of your bank account for deposit in the event of refunds:

Bank

Branch

Account Number

Suffix

CONTACT DETAILS

26. Home Address:

Post Code:

Postal Address:

(if different)

Post Code:

Email Address:

Home Phone: Mobile:

Next of Kin (emergency contact) Name: Phone:

DOCUMENTATION

To qualify 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 Australian residing in New Zealand.

Citizenship/Permanent Residency

You will need to produce **one** form of documentation from the following checklist as evidence of citizenship/permanent residency

- 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.

Photo ID

You must produce one form of Photo ID.

- Driver's Licence
- Passport
- Former Student ID Card
- R18+ ID Card
- Any other Photo ID

You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy by a Justice of the Peace (JP), Solicitor, Minister of the Church or General Practitioner.

DECLARATION

Privacy -The Organisation 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).

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: <http://nsi.education.govt.nz/home.aspx>

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 organisations for the purpose of verifying academic records .

In addition, when required by statute, the Institute 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 the Organisation 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 Enrolments Officer.

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.

<http://www.privacy.org.nz/privacy-act>

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. The Organisation’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

In signing this form you authorise ATC New Zealand to request payment of your course costs from Studylink (if applicable). This includes course fees as well as any course related costs that are outstanding more than 60 days.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of the Organisation with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

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.

HEALTH AND ETHICAL ISSUES

1. Have you suffered or do you currently suffer from health problems that may *affect your ability to study*?

Addictions

Chronic Fatigue

Depression

Diabetes

Emotional/Psychological disorders

Epilepsy

Migraines

RSI/OOSE

Other (please specify)

2. Have you used any illegal substances before? Yes No

3. What have you used?

4. When did you last use it?

5. Please advise us of any other information that may interfere with your ability to study:

REFEREES AND REFERENCES

Two written reference forms are included in this application booklet. Please have *two* referees complete these forms and send them directly to Vision College.

A Referee should:

- Not be related to you or live at the same address as you
- Have known you preferably for more than 12 months
- Be over the age of 18 years
- Be able to support your application

We recommend past or present employers (including babysitting/child minding), teachers, work colleagues or family friends as suitable Referees.

Please list your Referees:

Full Name:

Phone:

Mobile:

Full Name:

Phone:

Mobile:

LEVEL 5 WRITTEN ASSIGNMENT

This assignment is only required to be completed if you are applying for the National Certificate in Early Childhood Education and Care Level 5. *Please type your essay on A4 paper and include with this booklet.*

Please write a two page essay including each of the following:

- a. Your reasons for wanting to attend this course
- b. Describe any experience you have had in early childhood education, or looking after pre-schoolers.
- c. What do you think is important in early childhood education? Consider different ideas and cultures.

LEVEL 3 YOUTH GUARANTEE ELIGIBILITY

Only complete this form if you are applying for the free Youth Guarantee Early Childhood Education Level 3 course.

1. Are you a NZ Citizen or Permanent Resident? Yes No

2. What is your age? years

3. What date will you turn 18?

4. Have you studied at a tertiary institution before? Yes No

If Yes, what institution:

What did you study?

5. Are you committed to completing the whole 1 year course? Yes No

6. Signature

Date

Confidential Referee Report

School of Early Childhood Education

Applicant's Full Name:

Applicant's Phone Number:

INSTRUCTIONS FOR REFEREE

Thank you for agreeing to contribute towards our selection process. Information recorded here is confidential to Vision College and will not be shared with the applicant.

Purpose of Report

The purpose of this report is to help establish the suitability of the applicant for working professionally with young children.

When making selection decisions we look at the applicant's ability to

complete a course at tertiary level, their personal qualities, communication skills, background interests and involvement.

If you have any reservations regarding the applicant's suitability or have any other information that you consider would help us make a decision about the applicant, please include this in your answers.

Or feel free to contact us:
Christchurch Campus (03) 377 2364
or Hamilton Campus (07) 853 0777.

Criteria for Referees

A Referee should

- not be related to you or live at the same address as you.
- have known you preferably for more than 12 months.
- be over the age of 18 years
- be able to support your application.

We recommend past or present employers (including babysitting/child minding), teachers, work colleagues or family friends as suitable Referees.

Please return this report as soon as possible as this application cannot be processed until this is received.

CONFIDENTIAL REPORT

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you know the applicant well enough to complete this form? Yes No

4. Does the applicant have the capacity to complete a course of sustained tertiary study?

Yes No Unsure

Comments:

5. Please tick and comment on each quality according to your judgement of the applicant

Self Assurance

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Social Skills/Relationships

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Adaptability/Flexibility of Thinking Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Diligence Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Initiative Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Leadership Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Reliability Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Integrity Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Co-operation Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Emotional stability/response to stress Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Enthusiasm Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Perseverance Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Listening Skills Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Organisational Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Expressing Ideas

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Clarity of Speech

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Written Communications Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

5. What are the applicant's special interests and skills?

6. Have you had the opportunity to observe the applicant's ability to relate to people, particularly:

Pre-school School Age Adolescents Own Age Older People

If so, what were your impressions?

7. Do you consider that the applicant has an understanding of and sensitivity towards equity issues (sexism, racism, disabilities etc.)? Yes No Unable to comment

Comments:

8. Does the applicant have any health conditions (physical/mental) that might affect their training or ability to be a teacher?

Yes No Unable to comment (If yes, please explain)

Comments:

9. Are there any special circumstances which the selection committee should know about when considering this applicant?

Yes No Unable to comment (If yes, please explain)

Comments:

10. Would you be happy to have this applicant care for members of your family?

Yes No Unable to comment (If yes, please explain)

Comments:

11. Please select your recommendation:

- I recommend the applicant without reservation
- I have some reservations but would recommend the applicant (*please explain below*)
- I doubt the applicant's suitability (*please explain below*)
- I think the applicant is unsuitable (*please explain below*)

Please explain:

12. I am happy to be contacted to answer any further questions or for clarification Yes No

Full Name:

Signature:

Thank you for your assistance, please return this to the appropriate campus once completed:

HAMILTON & AUCKLAND CAMPUS
APPLICATIONS:

By Mail:

Early Childhood Education
Vision College Administrator
21 Ruakura Road
Hamilton 3216

By Scan & Email:

admin@visioncollege.ac.nz

CHRISTCHURCH CAMPUS
APPLICATIONS:

By Mail:

Early Childhood Education
Vision College Administrator
334 Manchester Street
Christchurch 8013

By Scan & Email:

christchurch@visioncollege.ac.nz

Confidential Referee Report

School of Early Childhood Education

Applicant's Full Name:

Applicant's Phone Number:

INSTRUCTIONS FOR REFEREE

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CONFIDENTIAL REPORT

1. How long have you known the applicant?

2. What is your relationship to the applicant?

3. Do you know the applicant well enough to complete this form? Yes No

4. Does the applicant have the capacity to complete a course of sustained tertiary study?

Yes No Unsure

Comments:

5. Please tick and comment on each quality according to your judgement of the applicant

Self Assurance

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Social Skills/Relationships

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Adaptability/Flexibility of Thinking Highly Satisfactory Satisfactory Some Concern Major Concern

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Leadership Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Reliability Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Integrity Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Co-operation Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Emotional stability/response to stress Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Enthusiasm Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Perseverance Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Listening Skills Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Organisational Skills

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Comments:

Expressing Ideas

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Clarity of Speech

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

Written Communications Skills

Highly Satisfactory Satisfactory Some Concern Major Concern

Comments:

5. What are the applicant's special interests and skills?

6. Have you had the opportunity to observe the applicant's ability to relate to people, particularly:

Pre-school School Age Adolescents Own Age Older People

If so, what were your impressions?

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Comments:

8. Does the applicant have any health conditions (physical/mental) that might affect their training or ability to be a teacher?

Yes No Unable to comment (If yes, please explain)

Comments:

9. Are there any special circumstances which the selection committee should know about when considering this applicant?

Yes No Unable to comment (If yes, please explain)

Comments:

10. Would you be happy to have this applicant care for members of your family?

Yes No Unable to comment (If yes, please explain)

Comments:

11. Please select your recommendation:

- I recommend the applicant without reservation
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- I doubt the applicant's suitability (*please explain below*)
- I think the applicant is unsuitable (*please explain below*)

Please explain:

12. I am happy to be contacted to answer any further questions or for clarification Yes No

Full Name:

Signature:

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APPLICATIONS:

By Mail:

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Vision College Administrator
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By Scan & Email:

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CHRISTCHURCH CAMPUS
APPLICATIONS:

By Mail:

Early Childhood Education
Vision College Administrator
334 Manchester Street
Christchurch 8013

By Scan & Email:

christchurch@visioncollege.ac.nz



Criminal Records Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only

MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Criminal Records Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-employment vetting
- Insurance Claims vetting
- Other (specify)

Tick the report required:

- All convictions report
- Traffic Convictions Report

Signature of subject and date



I wish to receive a copy of the information provided to the Third party. Yes / No

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Full name and address of the person or agency the third party is acting for (if applicable)

Third Party Reference Number (if applicable)

Third Party Address Details

P.O. Box or Street Address

Suburb

City

State / Province

Post Code

Country

Signature of Third Party

The term "subject" refers to the person whose criminal convictions is being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

Personal Details

Surname

First Name

Middle Names (separate by comma)

Date of Birth (DD/MM/YYYY)

Place of Birth

Gender (Male / Female)

Previous Names - Maiden Name, Aliases

Surname

First Name

Middle Names (separate by comma)

Postal Address

P.O. Box or
Street Address

Suburb

City

State / Province

Post Code

Country

Current Residential Address

Street Address

Suburb

City

State / Province

Post Code

Country

Daytime Phone Number

Home Phone Number

Fax Number

Previous Two Residential Addresses

Street Address

Suburb

City

State / Province

Post Code

Country

Street Address

Suburb

City

State / Province

Post Code

Country

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence

Passport

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to fill in this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname

First Name

Middle Names (separate by comma)

Street Address

Daytime Phone Number

Suburb

Home Phone Number

City

State / Province

Fax Number

Post Code

Country

I declare that I have personally known:

Surname

First Name

Middle Names (separate by comma)

Signature of identifier

for

years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Criminal Records Unit on 04 918 8800.

Note: Please check that you have signed the box on Page 1



Hamilton Campus

21 Ruakura Road
Hamilton 3216
Phone 07 853 0777
hamilton@visioncollege.ac.nz

Christchurch Campus

334 Manchester St
Christchurch 8013
Phone 03 377 2364
christchurch@visioncollege.ac.nz

Auckland Campus

Manukau New Life
12 Jellicoe Road
Manurewa
Phone 0800 834 834
auckland@visioncollege.ac.nz

www.visioncollege.ac.nz

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