

International Student Application Form

Fill in all parts of this Application form to help us process the application quickly and accurately. Please use this form to tell us what you need.

Send Auckland and Hamilton applications to:

Vision College, 21 Ruakura Road, Hamilton 3216, New Zealand.

Ph: +64 7 853 0777 Fax: +64 7 853 0223. Email: hamilton@visioncollege.ac.nz

Send Christchurch applications to :

Vision College, 334 Manchester St, Christchurch 8013, New Zealand.

Ph: +64 3 377 2364 Fax: +64 3 366 9271. Email: christchurch@visioncollege.ac.nz

PERSONAL DETAILS

Family name	First name	Preferred name
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Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth (dd/mm/yyyy)	Nationality
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Contact address (In NZ or your home country)	Contact telephone (In NZ or your home country) Home: _____ Mobile: _____
	Email _____

Passport number	Passport dates (dd/mm/yy) Issue: _____ Expiry: _____	Country of issue	First language
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How did you find out about Vision College? Friends/family Teacher Internet Education Fair Advertising Agent

Next of Kin name – in case of emergency (<i>Must be a family member or legal guardian</i>)	Next of Kin relationship to you
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Next of Kin contact address (In NZ or your home country)	Next of Kin contact telephone Home: _____ Mobile: _____
	Next of Kin email _____

PROGRAMME DETAILS

Programme choice	Preferred start date / campus	Length of course ½ year <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/>
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Why have you chosen to study this particular course?

List any qualifications or experience that you have, related to your chosen course of study:

What are your career intentions? What do you want to do when you complete this course?

ACADEMIC RECORD

Highest qualification	Place of study	Year completed
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Have you studied in New Zealand? Yes <input type="checkbox"/> No <input type="checkbox"/>	School	Dates Start: _____ Finish: _____
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Have you completed any English language assessments (IELTS / TOEFL)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date (dd/mm/yy)	Scores Listening: _____ Reading: _____ Writing: _____ Speaking: _____ Overall: _____
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TRAVEL PLANS & ACCOMMODATION

Do you require an airport pickup?

Yes No If 'yes' please see our website for airport pickup fees

Accommodation

Own home Renting Family Boarding Homestay (Complete Homestay Application)

Do you require any special needs assistance while on campus due to any injury, illness or disability?

Yes No If yes, please describe your situation:

PARENTAL CONSENT (required for under 18 year old students)

Parent Name

Signature

DECLARATION

It is important that you read the information, terms and conditions in this Application and Enrolment Form before signing. By signing this declaration you understand and agree to the following:

Information about the course, fees and refunds

- a) I have read, understood and agreed to the information, terms and conditions in this Application and Enrolment Form before signing this agreement.
- b) I have received information about my course, and the International Student Enrolment Handbook, and have read and understood them.
- c) I have been informed about all costs involved with enrolment, tuition, accommodation and insurance.
- d) I understand that courses will be taught subject to sufficient enrolments being received.
- e) I fully understand Vision College's Refund Policy.

Privacy Information

- f) I authorise Vision College to release academic records or information related to my health and safety to my parents or my educational placement agency should Vision College consider that it is necessary to do so for my wellbeing or educational benefit.
- g) I authorise Vision College to obtain, hold, use and disclose information about me in accordance with the Privacy Act 1993.

Insurance

- h) **I understand that the school will arrange medical, travel and property insurance on my behalf and include this in my Fees Invoice**
Most international students are not entitled to publicly funded health services and so require comprehensive medical insurance while studying in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly funded health services are available through the Ministry of Health, and can be viewed on their website at <http://www.moh.govt.nz>

My Application

- i) I confirm all the information contained in this application is true and correct to the best of my knowledge. I acknowledge that using false information or withholding relevant information may result in termination of enrolment. I will inform the school if there are any changes to the details of this application.

Commitment to study

- j) I am committed to completing the qualification I have chosen and understand that completion of the qualification is not a guarantee of future employment.

Signature

Date (dd/mm/yyyy)

AGENT INFORMATION (if applicable)

Agent Name

Principal

Contact address

Contact Telephone

Office:

Mobile:

Email

The agent certifies that the student has been given all details about the course, that in the agent's assessment the student is capable of successful study in New Zealand and is financially able to do so.

Agent Stamp

Signature of the agent

Date (dd/mm/yyyy)