

# DOMESTIC STUDENTS Application/Enrolment Form



## Hamilton, Auckland and North Island Distance 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 and South Island Distance 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 <sup>th</sup> 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 24)

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](http://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.