

Application for Re-enrolment



1 Personal Details

Title	<input type="text" value="Mr, Mrs, Miss, Ms, Other"/>	What year is this application for? <input type="text"/>
Surname	<input type="text"/>	
Legal First Names	<input type="text"/>	
Preferred First Names	<input type="text"/>	
Previous Name (if different)	<input type="text"/>	
<i>Please provide a certified copy of your marriage certificate if applicable</i>		
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Student ID Number (if known) <input type="text"/>
Day Month Year		National Student Index Number (NSN) (if known) <input type="text"/>
Citizenship (Nationality)	<input type="text"/>	
Residency Status	<input type="checkbox"/> NZ Citizen (NZL) <input type="checkbox"/> NZ Permanent Resident (NZP) <input type="checkbox"/> Australian Citizen (AUS) <input type="checkbox"/> Overseas	
<i>Please note you may need to supply evidence of identity, residence or citizenship (see Section 15)</i>		

2 Contact Details

Home Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode:"/>	Postal Address (if different from Home address)	<input type="text"/> <input type="text"/> <input type="text" value="Postcode:"/>
Telephone Number	<input type="text" value="[]"/>	Telephone Number	<input type="text" value="[]"/>
Mobile Phone Number	<input type="text"/>	Email	<input type="text"/>
Term Address (if different from Home Address)	<input type="text"/> <input type="text"/> <input type="text" value="Postcode:"/>	Employer Name and Postal Address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode:"/>
Telephone Number	<input type="text" value="[]"/>	Employer Email	<input type="text"/>
Employer Telephone Number	<input type="text"/>		

3 Study Contract Details

Programme Name	
Location	Dates
Instrument (If applicable)	

How do you intend to pay for your study?

<input type="checkbox"/> Cash	<input type="checkbox"/> WINZ Training Incentive Allowance
<input type="checkbox"/> Student Loan	<input type="checkbox"/> Direct Credit
<input type="checkbox"/> Employer	<input type="checkbox"/> Other - please specify

Do you expect to finish your study this year? Yes No

Have you enrolled at Tai Poutini Polytechnic previously? Yes No

(including community education, STAR, TOPS, short courses)

Purchase Order No.

4 Search & Rescue / Emergency Management Enrolments only:

I confirm that I am a volunteer for a Search and Rescue and/or Emergency Management Organisation.

By signing this form I consent to TPP sharing information on my enrolment, including academic progress, with NZSAR, LandSAR, AREC, NZ Police, Coastguard, SLSNZ and RCCNZ

Please indicate which agency you belong to:

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> Land SAR | <input type="checkbox"/> NZ Police | <input type="checkbox"/> St John | <input type="checkbox"/> Red Cross |
| <input type="checkbox"/> Marine SAR/SLSNZ | <input type="checkbox"/> NZ Fire Service | <input type="checkbox"/> Coastguard | <input type="checkbox"/> Civil Defence |
| <input type="checkbox"/> RCCNZ | <input type="checkbox"/> Rural Fire | <input type="checkbox"/> AREC | <input type="checkbox"/> Other - please specify: |

Organisation Region

5 Prior Activity

What will be/was your MAIN activity or occupation in New Zealand at 1 October in the year before commencing study at Tai Poutini Polytechnic? Tick only one box.

- | | | | |
|--|----|--|----|
| <input type="checkbox"/> Secondary School Student | 01 | <input type="checkbox"/> Polytechnic/Institute of technology Student | 06 |
| <input type="checkbox"/> Non-Employed or Beneficiary | 02 | <input type="checkbox"/> House Person or Retired | 08 |
| <input type="checkbox"/> Wage or Salary Worker | 03 | <input type="checkbox"/> Overseas (Irrespective of Occupation) | 09 |
| <input type="checkbox"/> Self Employed | 04 | <input type="checkbox"/> Private Training Establishment Student | 11 |
| <input type="checkbox"/> University Student | 05 | <input type="checkbox"/> Wananga Student | 12 |

6 Marketing Information

How did you first hear about the programme you are applying for?

- | | |
|---|--|
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Event (open day/night, expo, campus visit) |
| <input type="checkbox"/> Online Advertisement (Facebook, Google) | <input type="checkbox"/> STAR Course |
| <input type="checkbox"/> Polytechnic Website | <input type="checkbox"/> Print Advertisement (newspaper, magazine) |
| <input type="checkbox"/> Outdoor Advertisement (billboard, poster) | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> At School (career advisor, presentation) | <input type="checkbox"/> Television Advertisement |
| <input type="checkbox"/> Trades Academy | <input type="checkbox"/> Own Enquiry |
| <input type="checkbox"/> Recommended (family, friend, staff, agent) | <input type="checkbox"/> Other (please specify) <input type="text"/> |
| <input type="checkbox"/> Recommended (Work and Income, another tertiary institution, ACC, Industry Training Organisation, NZ Careers Service) | |

Which of the following influenced your decision to study at TPP?

- | | |
|--|--|
| <input type="checkbox"/> Course/programme reputation | <input type="checkbox"/> Location |
| <input type="checkbox"/> Didn't get into another institute | <input type="checkbox"/> Only place offering the subject |
| <input type="checkbox"/> Flexibility | <input type="checkbox"/> Relationship with industry |
| <input type="checkbox"/> I want hands-on learning | <input type="checkbox"/> Other (please specify) <input type="text"/> |

I give permission for TPP to contact me with promotional information Yes No

I consent to TPP creating, collecting, retaining and using photographic/filmed images or audio recordings of me or my creative work(s) of art for marketing and/or promotional purposes taken in the year(s) I study at TPP. Yes No

7 Disability/Support Details

This information is used to enable us to provide support and for statistical purposes. The information you supply is confidential.

Do you live with the effects of injury, long term illness or disability? Yes No

If 'Yes', please describe your injury, longterm illness or disability in general terms.

Is there any special support you would need to study or complete this programme? Yes No

If 'Yes', please specify (eg, literacy, numeracy, hearing, visual)

8 Emergency Contact Details

Contact person in case of emergency

Name	<input type="text"/>	Mobile Phone Number	<input type="text"/>
Address	<input type="text"/>	Home Telephone Number	[]
	<input type="text"/>	Work Telephone Number	[]
		Relationship to you	<input type="text"/>

NB: A POST BOX IS UNACCEPTABLE

9 Other Enrolments

Are you currently enrolled in any other tertiary education or training agreement?

Yes No If yes, please specify

10 Non Payment of Fees

Accepting materials or attending classes is acceptance of the fees charged. Fees are the responsibility of the student regardless of any arrangement with third parties - employers and Studylink included. Non payment of fees may mean results will be withheld. This means students with outstanding accounts will not be able to graduate.

11 General Information

PRIVACY - TPP collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (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 not 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 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, Ministry 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 TPP 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 view information held about you and amend any errors in that information. To do so, contact the TPP Registry.

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 principles in the Act. <http://www.privacy.org.nz/privacy-act>

NATIONAL STUDENT INDEX - 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 <http://www.nsi.govt.nz/ima>

12 Checklist

- a** Carefully read and complete all required sections of this Application for Enrolment Form.
- b** Read, signed and dated the Declaration.
- c** Attached a verified copy of your birth certificate or passport proving your identity, plus permanent residency, visa and change of legal name certificate,
or
- d** My identity and citizenship, or permanent residency, has been verified by another institution and therefore I have an active National Student Number

13 Declaration

I hereby declare the information given to be true. I authorise any information given to be used in compliance with the Privacy Act. I acknowledge that I am bound by the statutes, regulations and policies of Tai Poutini Polytechnic. I also understand that if I have supplied false information, my enrolment may be canceled by the Chief Executive.

Signature

Date

Day

Month

Year

Disclaimer

Tai Poutini Polytechnic reserves the right to cancel programmes/courses where enrolment numbers are insufficient to make delivery financially viable. In that event, the Polytechnic accepts no liability for personal expenses incurred by potential students. Any fees paid in this situation will be refunded in full.