

Enrolment Form

MAINZ Short Courses

Personal Details

Title	<input type="text" value="Mr, Mrs, Miss, Ms, Other"/>	Student ID Number (if known)	<input type="text"/>
Surname	<input type="text"/>	NSN Number (if known)	<input type="text"/>
Legal First Names	<input type="text"/>		
Preferred First Names	<input type="text"/>		
Previous Name (if different)	<input type="text"/>		
(Please provide a certified copy of your marriage certificate if applicable.)			
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
	Day Month Year		
IRD Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Programme Name	<input type="text"/>		
Programme Date	<input type="text"/>		
Programme Location	<input type="text"/>		

Address Details

Permanent Postal Address		Work Postal Address	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
Postcode:		Postcode:	
Telephone Number	<input type="text" value="[]"/>	Telephone No.	<input type="text" value="[]"/>
Fax Number	<input type="text" value="[]"/>	Email Address	<input type="text"/>
Mobile Phone Number	<input type="text"/>		

Citizenship Details

Tick the box that describes your citizenship or permanent residence status.
You are required to produce your Birth Certificate or other evidence of permanent residence to verify your status as a domestic student.
Government policy requires that we identify domestic or international students.

<input type="checkbox"/> NZ Citizen (NZL)	<input type="checkbox"/> Australian Citizen (AUS)
<input type="checkbox"/> NZ Permanent Resident (NZP)	<input type="checkbox"/> Other - please specify your country of citizenship <input type="text"/>

Ethnicity: What ethnic group (s) do you belong to?

You may tick up to three boxes, which apply to you.

<input type="checkbox"/>	NZ European/Pakeha	111	<input type="checkbox"/>	Greek	123	<input type="checkbox"/>	Chinese	421
<input type="checkbox"/>	NZ Maori	211	<input type="checkbox"/>	Polish	124	<input type="checkbox"/>	Indian	431
<input type="checkbox"/>	Samoan	311	<input type="checkbox"/>	South Slav	125	<input type="checkbox"/>	Sri Lankan	441
<input type="checkbox"/>	Cook Island Maori	321	<input type="checkbox"/>	Italian	126	<input type="checkbox"/>	Japanese	442
<input type="checkbox"/>	Tongan	331	<input type="checkbox"/>	German	127	<input type="checkbox"/>	Korean	443
<input type="checkbox"/>	Niue	341	<input type="checkbox"/>	Australian	128	<input type="checkbox"/>	Other Asian	444
<input type="checkbox"/>	Tokelauen	351	<input type="checkbox"/>	Other European	129	<input type="checkbox"/>	Middle Eastern	511
<input type="checkbox"/>	Fijian	361	<input type="checkbox"/>	Filipino	411	<input type="checkbox"/>	Latin American	521
<input type="checkbox"/>	Other Pacific Peoples	371	<input type="checkbox"/>	Cambodian	412	<input type="checkbox"/>	African	531
<input type="checkbox"/>	British/Irish	121	<input type="checkbox"/>	Vietnamese	413	<input type="checkbox"/>	Other	611
<input type="checkbox"/>	Dutch	122	<input type="checkbox"/>	Other Southeast Asian	414	<input type="checkbox"/>	Not Stated	999

Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other".

Iwi

*If you identified as New Zealand Maori (211) in the Ethnic Origin section, with which Iwi do you identify? You may enter more than one Iwi. If you do not know the name of your Iwi, please enter "Don't Know"

Medical Details

Do you live with the effects of injury, long term illness or disability?

Yes

No

Please provide details of any health factors or physical limitations which might affect the training being performed, personal safety or the safety of others.

Emergency Contact Details

Contact person in case of emergency

Name

Home Telephone Number

Address

Work Telephone Number

Mobile Phone Number

Relationship to this person

NB: A POST BOX IS UNACCEPTABLE

Student 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 cancelled by the Chief Executive.

Signature

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.