

# Application for SAR Re-Enrolment

## 1 Personal Details

Title	<input type="text" value="Mr"/> <input type="text" value="Mrs"/> <input type="text" value="Miss"/> <input type="text" value="Ms"/> <input type="text" value="Other"/>	What year is this application for?	<input type="text"/>
Surname	<input type="text"/>	Student ID Number (if known)	<input type="text"/>
Legal First Names	<input type="text"/>	National Student Index Number (NSN) (if known)	<input type="text"/>
Preferred First Names	<input type="text"/>		
Previous Name (if different)	<input type="text"/>		
Date of Birth	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Day Month Year	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse
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		

*Please provide a certified copy of your marriage certificate if applicable*

*Please note you may need to supply evidence of identity, residence or citizenship (see Section 1)*

## 2 Contact Details

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

## 3 Study Contract Details

Programme Name	
Location	Dates

## 4 Search & Rescue / Emergency Management Enrolments only:

- By signing this form I authorise TPP to share my information including, but not limited to, academic progress with NZSAR, LandSAR, AREC, NZ Police, Coastguard, SLSNZ and RCCNZ
- I confirm that I am a volunteer for a Search and Rescue and/or Emergency Management Organisation.

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	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5 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)

## 6 Emergency Contact Details

Contact person in case of emergency

Name	Mobile Phone Number	
Address	Home Telephone Number	[ ]
Postcode:	Work Telephone Number	[ ]
NB: A POST BOX IS UNACCEPTABLE	Relationship to you	

## 7 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>

## 8 Checklist

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

## 9 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 a business division of Te Pūkenga – New Zealand Institute of Skills and Technology, 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.