ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS IN PEN



I. PROGRAMME/S API	LIED FOR (You may a	pply for more than one progra	imme)	
1				
2			Intended Year of Study	
2. STUDENT I.D. (Please of	omplete if you can)			
EIT Student I.D.		National Student I.D.		
3. VENUE				
EIT Hawke's Bay (Taradale) Ca (includes distance or online study		EIT Tairāwhiti Campus	EIT Auckland Campus	CHB (Waipukurau) Learning Centre
Hastings Learning Centre	Ruatoria Learning Centre	Tokomaru Bay Learning Centre	Wairoa Learning Centre	Maraenui Learning Centre
Other (please specify)	rese Macadan	uias		
A. PERSONAL DETAILS				
	Mr	Mrs	Miss	Ms
egal Surname				
egal First Names				
Preferred First Name				
revious or Maiden Name				
ate of Birth			Gender Male	Female
			will be included in the National Studen please see http://www.nsi.govt.nz/ima.	t Index, and will be used in an
. ADDRESS DETAILS (You must tell us if any of y	our contact details change dur	ing the year)	
Home Postal Address				
				Postcode
		6.11		, 5,100 00
Home Phone No ()		Cellphone No		
mail				
study Postal Address if different)				
				Postcode
Term Phone No	()			
	DD NILIMBED EOD	ELILI STUDENT LOA	n interest write-o	cc
			de in your Inland Revenue nun	
RD number				
RD number	part-time status		try of Education, who will provide nue will use this information to ass	
. FEE PAYMENT			A STATE OF THE STA	
	ements made through the S	Student Loan Scheme, prior to tl	ne start of the programme or cour	se. If fees are not paid in full b
he due date, EIT may: Remove access to EIT services :	such as the Library and	▶ Withhold academic resul	ts and eligibility to graduate	
IT Services Remove the student from the p			es to our debt collection agency to	manage
How do you intend to pay?	g. unince of course			
Student Loan	Internet Banking	Eftpos	Cash	Youth Guarantee
Cheque	Fee Free Programme	Scholarship	Training Incentive	Employer to pay (ple
			Allowance	provide employer

Employer Details - if your er	mployer is paying your fees, p	lease complete.		
Company Name		Contact Person		
Company Address				
				Postcode
Contact Phone No ()		Contact Cellphone No		
Contact Email				
8. CITIZENSHIP DETA	AILS			
	ribes your citizenship or perm dence to verify your status as	anent residence status. You a a domestic student.	re required to produce your	Birth Certificate or other
NZL (New Zealand Citizen)	NZP (New Zealand Permanent Resident)	AUS (Australian Citizen)	AUS (Australian Permanent Resident)	
Other (specify your country	ry of Citizenship)			
During your time studying i	n this qualification, will you b	e resident in New Zealand or	overseas?	
In New Zealand		Overseas		
9. ENGLISH LANGUA	AGE (Please complete if Englis	h is your second language)	8	
		el of English language proficie You must supply evidence of		
Yes	No	I don't know		
10. ETHNICITY WHI	ICH ETHNIC GROUP(S) DO YOU BELONG T	O? You may tick up to three I	ooxes.
111 NZ European/Pakeha	361 Fijian	126 Italian	414 Other Southeast Asian	511 Middle Eastern
211 NZ Māori	371 Other Pacific Peoples*	127 German	421 Chinese	521 Latin American
311 Samoan	121 British/Irish	128 Australian	431 Indian	531 African
321 Cook Island Māori	122 Dutch	129 Other European*	441 Sri Lankan	611 Other*
331 Tongan	123 Greek	411 Filipino	442 Japanese	
341 Niuean	124 Polish	412 Cambodian	443 Korean	
351 Tokelauan	25 South Slav	413 Vietnamese	444 Other Asian*	
*Please specify if "Other" "C	Other European", "Other Pacific", "Oth	er Southeast Asian", "Other Asian" or	"Other"	
11. IWI				
If you identify as a New Zea 'Don't Know'.	aland Mãori, what is the name	of your Iwi? You may enter r	more than one Iwi. If you do r	not know your Iwi, please tick
Te Tairāwhiti (East Coast)	Region			
Te Tairāwhiti (East Coast) Region not further defined	Ngāti Porou	Te Aitanga-A-Māhaki	Rongowhakaata	Ngai Tāmanuhiri
Te Matau a Māui/Wairara	pa (Hawke's Bay/Wairarapa)	Region		
Te Matau a Māui/ Wairarapa	Ngāti Kahungunu ki Te Wairoa	Ngāti Kahungunu ki Wairarapa	Rangitane (Te Matau a Maui/ Hawke's Bay/Wairarapa)	Ngāti Kahungunu ki Tamatea
Rongomalwahine (Te Māhia)	Ngäti Kahungunu ki Heretaunga	Ngăti Kahungunu, region unspecified	Ngāti Kahungunu ki Whanganui a Orotu	Ngāti Kahungunu ki Tamakinui a Rua
☐ Don't Know	Other			
12. ACADEMIC/GENERAL RECORDS				
a) What was the name of the last secondary school you attended? State "Overseas" if applicable.				

b) What was your last year you attended secondary school? ie. 2013

as School Certificate, or you	ı may have achieved a numbe	n a secondary school? Your h er of credits or a National Cer ow many credits you have (pl	tificate at a certain level on th	"traditional" award such ne National Qualifications
00 No formal secondary qualifications / 0-13 NCEA Level 1 credits	11 14 or more credits at any level	13 NCEA Level 2 or 6th Form Certificate	15 NCEA Level 3 or Bursary or Scholarship	
09 Overseas qualification (includes International Baccalaureate & Cambridge Exams)	12 NCEA Level 1 or School Certificate	14 University Entrance	98 None of the above	
d) What is the <u>year</u> of your	highest level of achievement	you hold from a secondary se	chool?	
13. MAIN ACTIVITY		to show that you meet programm		,
What was your main activit	y or occupation in New Zeala	and at 1 October last year? Ti	ck only one box.	_
01 Secondary School Student	04 Self Employed	06 Polytechnic or Institute of Technology Student		11 Private Training Establishment Student
02 Unemployed or other Beneficiary	05 University Student	07 College of Education Student	09 Overseas (Irrespective of Occupation)	12 Wananga Student
03 Wage or Salary Worker	r			
14. FIRST YEAR OF	TERTIARY STUDY			
Will this be the first year yo Establishment, or Wananga Trades Academy or STAR e	either in New Zealand or ove	stitute of Technology, Universerseas since leaving school? D	sity, Polytechnic, College of E o not include enrolments in a	ducation, Private Training community or hobby classes,
Yes	No. Please enter the first y	year of your first enrolment		
15. DISABILITY				
appropriate support and to	o determine whether your he	ation. This information is conf ealth may impact on your abili ns and may be used for statist	ty to participate in your stud	EIT to provide you with lies. The information will also
a) Do you live with the effe	cts of significant injury, long t	erm illness, or disability?	Yes	No
b) Do you have a temporary or short-term injury, illness, or		or disability?	Yes	No
c) If you have answered YES above, would you like a member Services team to contact you to discuss your learning require Please note that EIT staff may approach you directly if a concern ari		quirements?	Yes Yes ty that may be impacting on you	□ No ur studies.
d) Please identify your imp	airment, disability or medica	l condition:		
01 Deaf	04 Low Vision	06 Medical	08 Mobility	10 Other (please specify)
02 Hearing Loss	05 Specific Learning	07 Mental Health	09 Brain Injury	
03 Blind				
16. EMERGENCY CO	NTACT DETAILS			
		Box number is unacceptable).		
Name	inergency (Freuse Note: For		Relationship to you	
			** ****	
Home Postal Address				
				Postcode
Home Phone No ()		Cellphone No		
Work Phone No ()				
	IPORTANT PLEASE RE	AD CAREFULLY		
NB: Answering all question	ns will help to ensure your en	rolment is complete and can b	oe processed quickly.	
Have you completed all o	questions?	Have you supplied evide if English is your second la	nce of English Entry Requiremen anguage?	PLEASE NOTE:
passport (if not already su	witnessed birth certificate, or upplied)? Photocopies must f the Peace or equivalent or aff member.	Have you completed any your programme?	additional forms required for	Drivers Licence is not an acceptable form of primary ID for your enrolment.
	han that on your Birth Certificate Marriage or Deed Poll Certificate		laration on the back of this form	

18. DECLARATION AND COMPLIANCE WITH THE PRIVACY ACT

Please read carefully.

I consent to my personal information being held by the Eastern Institute of Technology (EIT), including by its staff, and being used for purposes related to the matters with which I am involved in my capacity as a student and as required by protocols between external agencies and EIT as listed below. I understand without this consent my enrolment cannot proceed. I understand that I have the right to see and correct if necessary, my personal information held by EIT.

Compliance with the Privacy Act: I understand that EIT must collect, store, use and disclose my personal information only in accordance with the Privacy Act 1993. Specifically, I consent to EIT collecting, using, storing and disclosing my personal information for statistical and reporting purposes (anonymously), to help EIT meet its health and safety obligations, to provide me with appropriate support, and to determine whether my health may impact on my ability to fully participate in my studies, and, if so, how EIT manages that impact. EIT can also collect and store my information from this form to comply with the requirements of the Ministry of Education (statistical returns), New Zealand Qualifications Authority (Record of Learning registration and academic outcomes), Tertiary Education Commission (funding and statistical 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) previous Secondary School (graduation statistics) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of these awards).

This information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting and statistical purposes, for health and safety purposes, for providing me with appropriate support, and for determining and managing my ability to fully participate in my studies.

I agree to the publication of my name upon graduation in graduation material.

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 I authorise EIT to collect, use, store and disclose my personal information on the understanding EIT will observe the relevant requirements of the Privacy Act 1993 and the Education Act 1989.

Fees – In signing this enrolment form I undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The Institute's policy on withdrawal and refund of fees is found in the Student Handbook*.

Rules – In signing the enrolment form I undertake to comply with, and agree to be governed by, the EIT rules and regulations and responsibilities.

The information given on this form is true and correct in every particular and no information which would have a material bearing on my enrolment has been withheld. I understand that books, journals and other teaching materials made available to me by or at EIT are for use for my own studies and that copying or use of them for other purposes is an infringement of copyright. I also accept the student rules, regulations and responsibilities as outlined in the EIT Student Handbook* and the Computer Usage Policy, found at www.computerpolicy.eit.ac.nz

Failure to Supply Information - Students are advised that failure to supply the information requested by EIT, or the supply of incomplete or false information may result in EIT declining or cancelling the application.

* The EIT Student Handbook can be found on the EIT website www.eit.ac.nz and printed copies are available at all EIT centres,

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. I understand that if I have supplied false information or do not comply with the rules and regulations of EIT, my enrolment may be cancelled by the Chief Executive.

I acknowledge that if I withdraw from my programme after two weeks of commencement, I will be liable for all fees and will undertake to pay these.

Signature

Date

Parents signature (if under 18 years)

I/We am/are the parent(s)/guardian(s) of the student (Student) who has filled out this enrolment form. I/We hereby jointly and severally indemnify EIT against all loss that it suffers as a result of the Student not paying any amount that he or she agrees to pay by signing this enrolment form. Such loss includes any amount which is not or may not be recoverable or recovered from the Student for any reason (whether or not within the EIT's knowledge) including the Student's obligations being or becoming unenforceable.

Date

OFFICE USE ONLY	
Secretary	Registry
Date	Date

Disclaimer: The Eastern Institute of Technology (EIT) reserves the right to cancel or postpone any course for any reason and shall not be liable for any claim other than that proportion of the course fee which the cancelled or postponed portion bears. Programmes are dependent upon Ministry of Education funding allocation.

