ITC STUDENT COURSE ENROLMENT FORM

INTERNATIONAL» >
TRAVEL COLLEGE
>>> OF NEW ZEALAND

COMPLETE BOTH SIDES OF THIS FORM

YOUR DETAILS			
Title	Birth date:		
Mr / Miss / Mrs / Ms	/ /		
Print Your Full Legal Name			
Preferred First Name	Preferred Family Name		
Freierreu First Name	Freierreu Family Name		
0		0.1.1	
Street Address		Suburb	
City			
Postal Address (if different from street addres	s)	Email	
Telephone	Mobile	IRD No.	
YOUR COURSE DETAILS			
Course Name			
Preferred Start Date	Preferred Campus		
Troising Start Batte	Troibirou bumpub		
Total Course Fees		Deposit	
STUDENT LOANS & ALLOWANCES			
Will you be applying for a student loan?	Will you be applying for a stude	ent allowance?	
□ YES / □ NO	□ YES / □ N	IO CONTRACTOR OF THE CONTRACTO	
INFORMATION COLLECTED FOR THE	MINISTRY OF EDUCATION		
1. Which of the categories below best	2. Select up to three groups that	at best describe	
describe what you were doing at	your ethnicity:		
01 October last year? (please circle number)	(please circle number)		
	111 N7Er warraam / Dallada - 444 E	If you identified yourself as	
01 Secondary school student02 Unemployed or other beneficiary	111 NZ European/Pakeha 411 F 211 NZ Maori 412 C	Cambodian New Zealand Maori, what is the	
03 Wage or salary earner		/ietnamese name of your iwi?	
04 Self employed	321 Cook Island Moari 414 C 331 Tongan 421 C	hther Southeast Asian*	
05 University student	341 Niuean 431 Ir	(Tournay officer more trial for it is you do	
06 Polytechnic student	351 Tokelauan 441 S	ri Lankan	r.j
07 College of Education Student		apanese	
08 House-person or retired	371 Other Pacific Peoples* 443 K 121 British/Irish 444 C	Athor Asian*	
09 Overseas		Aiddle Eastern Rohe (Iwi Home Area):	_
11 Private Training Establishment student	123 Greek 521 L	atin American Iwi:	
12 Wānanga student	124 Polish 531 A 125 South Slav 611 C	trican	
		1 - 0 1	
	127 German *If other	rplease specify:	
	128 Australian 129 Other European*	Rohe (Iwi Home Area):	_
	TES Offici Enfoheart		



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DISABILITY

Do you live with the effects of significant injury, longterm illness or disability? (The information you supply is confidential)				
□ YES / □ NO				
PREVIOUS STUDY				
If you have enrolled on a course of study in New Zealand or overseas after leaving secondary school and before this course, please supply details:				
Year Course started	Name of Training Provider			
What was your last year of study at school? (i.e. 2013, 2014)	Last Secondary School you attended (NZ Students only)			
Which of the categories below describe your citizenship or residency status? (please tick)	2. Select the category below that describe (please circle number)	s your highest school qualification:		
 □ New Zealand Citizen □ New Zealand Permanent Resident □ Australian Citizen □ Other 	 00 No secondary school qualification 09 Overseas Qualification 11 14 or more credits at any Level 12 NCEA Level 1 or School Certificate 13 NCEA Level 2 or Sixth Form Certificate 	 14 University Entrance 15 NCEA Level 3 or Bursary or Scholarship 98 Other* If other please specify: 		
INTERNATIONAL STUDENTS ONLY INSURANCE Do you have health and travel insurance? Yes □ No □ If so, please provide details here: Please note it is a requirement of enrolment that international students resident overseas have appropriate health and travel insurance in place. We can provide you with details of companies that specialise in this insurance. ACCOMMODATION Please note that the College requires details of your address in Auckland prior to your course commencement. While the College does not arrange accommodation for students, we can provide information on accommodation options. You are required to notify the College of any subsequent change to your contact details and residential address.				
PRIVACY The International Travel College collects and stores information from this form to comply with the requirements of relevant government agencies. The information is also used to manage internal administrative processes and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. On signing this enrolment form you authorise such disclosure on the understanding that the College will observe the general conditions governing the release of information as set out in the Privacy Act 1993. You may see any information held about you and amend any errors in that information. NATIONAL STUDENT INDEX Please note that your name, date of birth and residency as entered in 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. PERSONAL STATEMENT "I confirm that the information I have provided is accurate. I understand the College may suspend my enrolment if it is found that false information has been provided. In signing this enrolment form I undertake to pay all fees as they become due. I undertake to comply with the published rules and policies of the College, with regard to attendance, academic progress, standard of dress, health and safety, and behaviour."				
APPLICANT SIGNATURE		DATE		

Drop in your application to: The International Travel College Level 4, ITC House 9 City Road Auckland, New Zealand Or post to: The College Administrator The International Travel College PO Box 6009, Wellesley Street Auckland, New Zealand

+ Please ensure you have completed both sides of the enrolment form + Please also attach a copy of your birth certificate or passport +

Call us: (09) 373 5510