



Adult Education Application Form

STUDENT DETAILS

1. Legal surname: _____

2. Legal first names: _____

3. Preferred name: _____

4. Previous/maiden name: _____

5. Address: _____ Postcode: _____

Phone Hm: _____ Cell Phone: _____

Email address: _____

6. Gender: _____

7. Date of Birth: _____

8. Ethnic Group: _____
(Up to 3)

9. Iwi (if applicable): _____
(Up to 3)

10. Languages spoken: _____

11. Do you have any allergies or health problems? *(asthma, bee stings, incontinence, diabetes etc...)*
If yes, please explain:

12. Do you live with the effects of injury or long-term mental/physical illness or disability *(please state)*

13. Do you wear glasses? Yes / No Long Sighted Short Sighted

14. Dentist or dental clinic last attended? _____

15. Will you bring your car or travel by bus? Yes / No Car Town Bus Country Bus

16. Please bring the following to be sighted;

Immunisation Certificate: Yes / No

NZ Birth Certificate or Passport showing residency: Yes / No

17. What was the name of the last secondary school you attended? _____

18. What was the last year at secondary school? _____

19. What was the highest level of achievement you had from a secondary school?
(tick only one box)

- No secondary qualification / less than 12 credits @ level 1
- 14 credits or more at any level
- School certificate (one or more subjects) / 12 or more credits @ level 1 or above
- Sixth form certificate (one or more subjects) / 12 or more credits @ level 2 or above
- University Entrance / National Certificate level 2
- A or B bursary / National Certificate level 3

20. What year did you attain your highest school qualification?

NCEA 1/ 5 th form	Yr		6 th form	Yr		NCEA 3/ 7 th form	Yr	
Subject	Grade		Subject	Grade		Subject	Grade	

21. Will this be the first year you have enrolled in an educational institution since leaving school?
Do not include enrolments in Star, community or hobby classes. Yes / No
If you answered no, please enter the institution/s you have enrolled in since leaving school:

Year	Institution	Programme / Course	Pass / Fail

22. Were there any truancy or serious discipline problems, suspensions or expulsions in the past?
Yes / No If yes please explain:

23. What was your main activity or occupation in N.Z. at 1 October last year? (tick only one box)

- Secondary school student
- Not employed or other beneficiary
- Wage or salary earner
- Self employed
- University student
- Polytechnic student
- College of Education student
- House person or retired
- Overseas (irrespective of occupation)
- Private training establishment student
- Wananga student
- Other (please specify)

24. When do you wish to start? _____

25. Do you intend to study: Full-time Part-time

26. Do you have a NZQA / National Student Number _____ Yes / No

If yes please write no: _____

27. Emergency contact:

Full Name: _____ Relationship: _____

Phone Hm: _____ Phone Wk: _____

28. I wish to apply for: Preference Enrolment Non Preference Enrolment
(Refer Section 1,2 of the Prospectus).

29. Are you a member or adherent of a local church ? _____ Yes/No

If yes, which church ? _____

Name of pastor/minister: _____

Contact Phone: _____

30. Please give a brief statement of your Christian Faith.

31. To attest to my Christian beliefs and convictions I have included a letter of reference from:

Name: _____

Relationship to Applicant: _____

Contact Phone: _____

32. Privacy Act 1993.

The information provided above, will be used to establish statistical records for students of Totara College. Information will only be passed on to those with proper authority which will include: Health Officers, ERO and other educational personnel which from time to time will be deemed to be necessary. Under the Privacy Act 1993 you have the right of access to personal information about you held at the college.

33. I, the undersigned, acknowledge that the information contained in this application is accurate and correct. I give Totara College of Accelerated Learning the authority to store any information about the me that is relevant to the purpose for which it is collected, in any system used by the administration of the college, and give permission for this information to be forwarded for appropriate reasons.

APPLICANT'S SIGNATURE:

_____ Date _____