

## International Student Application and Enrolment Form

This application form is for **NEW** students to Waiariki Institute of Technology

It is important that you read the information, terms and conditions in this Application and Enrolment Form before signing. This application form and additional documents can be sent initially to Waiariki Institute of Technology by email or fax. The original application, along with the verified copies of your documents, must be posted to:

### The International Centre

Waiariki Institute of Technology Tel +64 7 346 8712 or +64 7 346 8842  
Private Bag 3028 Fax +64 7 346 8768  
Rotorua 3046 Email international@waiariki.ac.nz  
New Zealand Web www.waiariki.ac.nz

### THIS FORM MUST BE ACCOMPANIED BY:

- One passport sized photograph;
- A verified copy of your Passport or Birth Certificate;
- Verified copies of your translated academic records\*;
- A verified copy of your English Language Proficiency results if applicable;
- Any other additional information required for the course being applied for.

### \* WHAT IS A VERIFIED COPY OF A DOCUMENT?

A verified copy is a photocopy of your original document, signed as being a true and accurate copy.

To be considered a verified copy, it must have:

- The words "original sighted"
- Name and signature of person sighting the original document
- Date original sighted
- Institution/organisation stamp or handwritten institution/organisation name

The following positions are approved to verify documentation:

- Justice of the Peace
- Solicitor, Authorised Education Agent
- Registrar or Deputy Registrar of the Courts

### 1 PERSONAL DETAILS *(please print clearly)*

Title *(tick one)*  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Family Name / Last Name \_\_\_\_\_

Given Name(s) / First Name(s) \_\_\_\_\_

Preferred First Name \_\_\_\_\_ Gender *(tick one)*  Male  Female

Date of Birth     Are you under 18 years of age?  Yes  No

Passport number \_\_\_\_\_ Citizenship \_\_\_\_\_

### 2 YOUR CONTACT DETAILS *(in New Zealand or overseas)*

Number and Street \_\_\_\_\_ Phone \_\_\_\_\_

Suburb \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ Mobile \_\_\_\_\_

Country \_\_\_\_\_ Postcode \_\_\_\_\_

Personal Email \_\_\_\_\_

### 3 YOUR ADDRESS WHILE STUDYING IN NEW ZEALAND *(if known)*

Number and Street \_\_\_\_\_ Phone \_\_\_\_\_

Suburb \_\_\_\_\_ Fax \_\_\_\_\_

City \_\_\_\_\_ Postcode \_\_\_\_\_

### 4 EMERGENCY CONTACT DETAILS *(Next of Kin)*

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_ Do they speak English  Yes  No

Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

\_\_\_\_\_ Mobile \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_ Email \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>				Entry ID Code:			
OTE Short Name/s:							
Enrol On: <input type="checkbox"/> All OR <input type="checkbox"/> Elective(s) attached		Type: (Circle One) FT/FY FT/PY PT/FY PT/PY		Start Date:		Finish Date:	
Application processed by _____ / /20		Credit card payment processed by _____ Cashier Receipt Number _____ / /20		Staff Professional Development Enrolment Authorised by _____ / /20		Enrolment Input by _____ / /20	
Fees: \$ _____		Fees: \$ _____		MOE Source _____		Fees: \$ _____ Invoice Number: _____	

**5 AGENT / REPRESENTATIVE CONTACT DETAILS**

Company / Name \_\_\_\_\_ Agent / Representative Stamp

Email address \_\_\_\_\_

City \_\_\_\_\_ Country \_\_\_\_\_

**6 MARKETING INFORMATION**

How did you find out about Waiariki Institute of Technology? \_\_\_\_\_

Education agent  Family/friends  Website (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

**7 COURSE SELECTION**

English Language Course Preferred Start Date    Number of weeks of study \_\_\_\_\_

Mainstream Course (please specify) \_\_\_\_\_

Duration \_\_\_\_\_ Starting Date:  First Semester (February) \_\_\_\_\_ Year

Second Semester (July) \_\_\_\_\_ Year

Do you intend to study  Full-time  Part-time

Do you expect to finish your qualification within one year?  Yes  No

**8 CROSS CREDIT**

Do you wish to apply for recognition of credit for any previous formal or informal learning?  Yes  No

**9 STATISTICAL INFORMATION – ETHNICITY**

What ethnic group(s) do you belong to? (You may tick up to 3 boxes which apply to you)

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

Please specify if "371-Other Pacific Peoples", "129-Other European", "414-Other Southeast Asian", "444-Other Asian" or "611-Other".

**10 ENGLISH LANGUAGE PROFICIENCY**

Is English your first language?  Yes  No If 'No', please specify language \_\_\_\_\_

I have booked for an English Language Proficiency Test On

I have previously sat an English Language Proficiency Test

Test Name (eg IELTS, TOEFL) \_\_\_\_\_ Date

Listening		Reading		Writing		Speaking		Overall Band Score	
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Other evidence of English \_\_\_\_\_

**11 SECONDARY SCHOOL EDUCATION**

School  Overseas country (please specify country) \_\_\_\_\_

New Zealand (please specify school) \_\_\_\_\_

When was your last year at high/secondary school (e.g. 1990) \_\_\_\_\_ High/secondary school graduate  Yes  No

Highest Qualification (please specify) \_\_\_\_\_ Date Gained

If currently enrolled in high/secondary school, expected completion date

Expected qualification gained at a New Zealand high/secondary school \_\_\_\_\_

**12 STATISTICAL INFORMATION – MAIN ACTIVITY**

What was your MAIN activity or occupation in New Zealand last October? *(tick only one box)*

- 09 Overseas *(irrespective of occupation)*
- 01 Secondary school student
- 02 Non-employed
- 03 Wage or salary worker
- 04 Self-employed
- 05 University student
- 06 Polytechnic/Institute of Technology student
- 07 College of Education student
- 08 House-person or retired
- 11 Private Training Establishment student
- 12 Wānanga student

**13 TERTIARY STUDIES** *(please specify)*

Is this your first year of tertiary study?  Yes  No

If 'No' please state first year of tertiary study

Institution	Country	Years Attended	Qualifications Sought	Year Achieved

If you have previously enrolled in a New Zealand tertiary institution please write your NSI Registration number below

**NSI NUMBER** \_\_\_\_\_

FOR OFFICE USE ONLY		
<b>NSN Checked</b>	/	<b>/20</b>
Validation Checked		
<input type="checkbox"/> Active	<input type="checkbox"/> Partial	<input type="checkbox"/> No Number

**14 SUPPORT** *(The information you supply is confidential)*

Do you live with the effects of significant injury, long-term illness and/or disability? If yes, specify \_\_\_\_\_

In the event of an emergency, would you require help to exit the building/campus?  Yes  No

**15 ACCOMMODATION REQUIREMENTS**

Do you require assistance with accommodation?  Yes  No If yes, please complete questions below; if no, go to section 16.

Required from       to

I would like *(please tick)*  **Hostel** (Waiariki House) located in the CBD *(please specify)*  Single Room  Share Twin Room

*Please note: The minimum stay for Waiariki House is one semester for student rates, payable in advance. See www.waiariki.ac.nz or contact International Centre for current rates.*

- Homestay** *(please indicate your preferences)*  Smoking  Non-smoking  House with children
- House with pets (usually cat or dog)  House with no pets

*Please note: The minimum stay for homestay is one month, payable in advance.*

Please specify any religious and/or eating requirements \_\_\_\_\_

What hobbies, sports, or other interests do you enjoy? \_\_\_\_\_

**PLEASE NOTE:** Although Waiariki Institute of Technology will make every effort to meet your preference, availability of your choice may be temporarily restricted. Waiariki Institute of Technology reserves the right to make alternative arrangements. Accommodation payment is non-refundable.

**16 FINANCIAL DETAILS**

My fees will be paid by:

- Bank Draft  Direct Bank Credit  Credit Card (Visa or Mastercard only)  Telegraphic Transfer
- Other *(Please specify)* \_\_\_\_\_

Are you a full fee-paying student?  03 Yes  No

If you ticked no, please specify your fee/assistance status:

- 01 NZ Aid Scholarship  04 Exchange Scheme approved by Ministry of Education  Other *(please specify)* \_\_\_\_\_

**MEDICAL AND TRAVEL INSURANCE**

You are required to have appropriate medical insurance during your study in New Zealand. Waiariki Institute of Technology will arrange your medical and travel insurance for you at an additional cost. Please refer to www.unicare.org for information on inclusions.

## TERMS AND CONDITIONS OF ACCEPTANCE AND ENROLMENT

Please read the information below which specifies the terms and conditions of acceptance and enrolment.

- Once your application is accepted you will receive a Letter of Offer on the course you have requested.
- To accept your Offer you must forward the full payment of fees outlined in the Letter of Offer.
- Payment can be transmitted in New Zealand or US Dollars to Waiariki Institute of Technology's bank account as stated in the Letter of Offer.
- If the information you give us in this application is incorrect in any significant way, Waiariki reserves the right to terminate your place on the course.

## REFUND POLICY –ANY REFUND APPLICATION MUST BE IN WRITING

International students will be entitled to a full refund of fees if the full qualification/course fee has been received and cancellation of the student's enrolment has been received at least four weeks prior to the start date of the qualification/course.

International students will be entitled to a full refund of fees if the full qualification/course fee has been received and the student has been refused a student visa by the New Zealand Immigration Service (NZIS) prior to the start date of the qualification/course.

If Waiariki has received the full qualification/course fee for an international student and, within the four week period prior to the qualification/course start date, the student is unable to commence his/her studies through unforeseen circumstances, for reasons other than the non-issue of a visa by NZIS, then 90% of the qualification/course fee will be refunded.

For international students who withdraw after the qualification/course start date, there will be no refund of fees for the first year of study except in exceptional circumstances and at the discretion of the Chief Executive. In such cases, the refund applied shall take into consideration any administration charge and agent's commission that have already been paid.

The table below outlines the effect a qualification/course withdrawal has on an international student's enrolment.

At least four weeks prior to qualification/course start date	100%	No result recorded
Visa refusal prior to qualification/course start date	100%	No result recorded
Within four week period prior to qualification/course start date (conditions apply)	90% (conditions apply)	No result recorded
After qualification/course start date	Nil refund of fees for first year Student liable for unpaid fees	Result recorded
No written withdrawal completed	Nil refund Student liable for unpaid fees	Result recorded

## DECLARATION

It is important that you read the information, terms and conditions in this Application and Enrolment Form before signing.

By signing the declaration, you understand and agree to the following:


- that I have read and understand the course brochures and/or descriptions.
- that my application for enrolment will not proceed until this form and the declaration have been completed in full and signed.
- that I have read, understood and agreed to the information, terms and conditions in this Application and Enrolment Form before signing the declaration.
- that Waiariki has obligations under the Privacy Act 1993, as set out in this Application and Enrolment Form, and I authorise Waiariki to obtain, hold, use and disclose information about me in accordance with the Privacy Act 1993.
- that I hereby authorise Waiariki Institute of Technology to release academic records or information related to my health and safety to my parents or my educational placement agency should Waiariki Institute of Technology consider that it is necessary to do so for my well-being or educational benefit.
- that I fully understand Waiariki Institute of Technology's Refund Policy.
- that I am aware that the geographical location of Waiariki Institute of Technology is in the city of Rotorua, New Zealand.
- that I fully understand that the fees I transmit relating to living expenses will be refunded to me less any payments made to the accommodation provider.
- that I understand that courses will be taught subject to sufficient enrolments being received.
- that making a false declaration is an offence under the Crimes Act 1961.
- that I am committed to completion of the qualification I have chosen and understand that completion of the qualification is not guarantee of future employment.
- that I fully understand that any immigration or visa information given by Waiariki is education information and advice only and is not employment information and advice. That can be obtained from Immigration New Zealand [www.immigration.govt.nz](http://www.immigration.govt.nz)

## AUTHORISATION

### Code of practice for the pastoral care of international students

Waiariki Institute of Technology has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website: <http://www.minedu.govt.nz/goto/international>.

**DISCLAIMER** – Qualifications/courses listed will be taught subject to final approval or sufficient enrolments being received. Subject to unforeseen circumstances such as student demand and/or resource availability, Waiariki reserves the right to cancel or change the content, timing, method or place of delivery of any qualification/course.

Signature of the applicant  
 .....

Date  
 / /