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| Manaaki Ora Trust Tipu Ora PTE  **Enrolment Form 2020** | | |  | |
| 16-20 Houkotuku Street  P.O Box 807  ROTORUA 3010 | | | Phone (07) 3482400  Email admin.pte@manaakiora.org.nz | |
| Welcome to Tipu Ora PTE. Please read the instructions below carefully before you complete this enrolment form.  Complete ALL sections and return by post or email to one of the above addresses. | | | | |
| **INSTRUCTIONS** | | | | |
| The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by government agencies for statistical and administrative reasons. Please fill in the form properly by:   * Completing all sections of the form. * Printing your answers clearly in pen, or by ticking the box that applies for multi-choice question * Signing the form * **Attaching the required formal Identification to this enrolment form: NZ Birth certificate or Passport** | | | | |
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| **1** | Please tick the qualification you wish to enrol in for 2020: | NZ Certificate in Whānau Ora  NZ Diploma in Whānau Ora  (must have done Certificate or equivilant as pre-requisite) | | *Office Use Only*  *(Please date)*  BC/PP sighted: |
| Location you wish to attend wānanga: |  | | *Enrolment from signed:* |
| Organisation you work for: |  | | *Enrolled:* |
| **2** | Have you studied with Tipu Ora before? | *Yes  No* | | |
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|  | How did you hear about our programmes? | WebsiteEmailFriend/WhānauPast student  EmployerOther *(please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |
| **3** | **Legal** Surname:  (please attach NZ Birth Certificate or Passport to support) |  | | |
| **Legal** Given Name(s): |  | | |
| **4** | Preferred name:  (If different from above) |  | | |
| Previous name(s) known by: |  | | |
| **5** | If you have previously enrolled with us under another name, what was that name? |  | | |

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| **6** | Preferred title: | *Ms* | |  | *Miss* |  | *Mrs* |  | *Mr* |  | | | *Other (Specify):* |  | |
| **7** | Date of birth: | *Day month year* | | | | | | | Gender: | | | | |  |  | | --- | --- | | *Male* |  | | *Female* |  | | *Diverse* |  | | | |
| **8** | If you know your NSN (National Student Number), please write it here. | | | | | | *--* | | | | | | | | |
| **9** | Home Address and contact details: | | Street Address:  Suburb:  Town/City:  Post Code: | | | | | | | | (if different from home address)  Postal Address:  Suburb:  Town/City:  Post Code: | | | | |
| Phone: ( ) | | | | | | | | Mobile: ( ) | | | | |
| Email: | | | | | | | | | | | | |
|  | Google Classroom is our online learning platform. One of the course requirements of this programme is to complete some tasks on Google Classroom. Our staff will take you through a tutorial of at the beginning of your course. In order to have access you must have a Gmail account. If you do not have one already please create one and advise us of your Gmail address below:  Gmail: | | | | | | | | | | | | |
| **10** | Employment Status: | | What is your current labour force status?  *Full time employee**Part time employee* 02  *Self Employed – not employing others**Employed (unpaid in family business)*04  *Employer**Unemployed seeking full time work* *06*  *Unemployed seeking part time work**Not employed, not seeking employment*09 | | | | | | | | | | | | |
| **11** | Funding Status | | Please tick one of the following:  I will be applying for Health Workforce NZ (HWF) funding via my DHB  I do not qualify for HWF funding and require TEC funding via Tipu Ora | | | | | | | | | | | | |
| **12** | Main Activity Prior to Study | | What was your MAIN activity or occupation on 1 October 2019?  *Secondary School Student**Non-employed of Beneficiary (excl retired)*  *Wage of Salary Worker**Self Employed*  *University Student**Polytechnic Student*  *College of Education Student**House person or Retired*  *Overseas**Private Training Establishment Student*  *Wānanga Student* | | | | | | | | | | | | |
| **13** | Prior Education | | Highest Tertiary Qualification achieved:  *Certificate**Diploma*  *Adv Diploma or Associate Degree**Bachelor Degree of Higher*  *Miscellanous Education / Other* | | | | | | | | | | | | |
| **14** | Secondary School: | | What was the name of the last secondary school you attended?  State “overseas”, if applicable.  What was your final year at secondary school?  *(please put approximate year if you are not sure)*  What is the highest level of achievement you hold from a secondary school? Your highest achievement may be a “traditional” award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Achievement shows you the standards, credits and qualifications you have achieved. Tick only one box.   |  |  | | --- | --- | | *No formal secondary qualification* | *00* | | *14 or more credits at any level* | *11* | | *NCEA Level 1 or School Certificate* | *12* | | *NCEA Level 2 or 6th Form Certificate* | *13* | | *University Entrance* | *14* | | *NCEA Level 3 or Bursary or Scholarship* | *15* | | *Overseas qualification (inclInternational Baccalaureate & Cambridge Exams)* | *09* | | *Other* | *98* | | *Not known* | *99* |   Please specify if “Overseas qualification” or “Other”. | | | | | | | | | | | | |
| **15** | Tertiary Study: | | Will this be the first time you have ever enrolled in a University, Institute of Technology Polytechnic, Institute of Technology College of Education, Industry Training Organisation, Government Training Establishment, Private Training Establishment or Wānanga either in New Zealand or overseas **since** leaving school? Do not include enrolments in community classes.  *No*  *Yes*  If you answered “*No*”, please enter the name of the organisation you studied at and the year of your first enrolment:  Organisation Name: *ie – Te Wananga o Aotearoa Rotorua Campus*  Qualification Name: *ie – Certificate in Whānau Ora*   |  |  | | --- | --- | | Year training commenced: |  | | Year training completed: |  | | | | | | | | | | | | | |
| **16** | Residential / Citizenship Status | | Please specify your citizenship / residential status:  Domestic Student\*  International Student  Refugee or protected person holding valid temporary visa  \* Tick if you are a New Zealand Citizen or resident visa holder, Australian Citizen or Australian Permanent Resident residing in New Zealand during the time you are studying this qualification.  To qualify as a **domestic student**, and so be entitled to the Government tuition subsidy, you must be:   * a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) **or** * a permanent resident of New Zealand **or** * a citizen or permanent resident of Australia residing in New Zealand **or** * a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship).   You must provide evidence of citizenship or permanent residency. To do so you must produce one of the following:   * Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue. * New Zealand passport. * A certificate of identity. * A statement of Whakapapa, including date of birth, countersigned by a kaumatua. * A New Zealand certificate of citizenship. * Overseas passport with residency stamp.   You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy, photograph or scanned copy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public trust, or local authority employee designated for this purpose. When a learner is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable. | | | | | | | | | | | | |
| **17** | Ethnicity:  What ethnic group(s) do you belong to?  You may tick up to three boxes, which apply to you. | | *NZ European/Pakeha* *111 Filipino**411*  *New Zealand Māori**211 Cambodian* *412*  *Samoan* *311 Vietnamese* *413*  *Cook Island Māori* *321 Other Southeast Asian* *414*  *Tongan* *331 Chinese* *421*  *Niue* *341 Indian* *431*  *Tokelauen* *351 Sri Lankan* *441*  *Fijian**361 Japanese**442*  *Other Pacific Peoples*  *371 Korean**443*  *British/Irish* *121 Other Asian**444*  *Dutch**122 Middle Eastern* *511*  *Greek**123 Latin American* *521*  *Polish* *124 African* *531*  *South Slav* *125 Other* *611*  *Italian* *126 Not Stated* *999*  *German* *127*  *Australian* *128*  *Other European*  *129*  If *“Other Pacific Peoples”, “Other European”, “Other Southeast Asian”, "Other Asian"* or *"Other” please specify what specific ethnicity below.* | | | | | | | | | | | | |
| **18** | Iwi:  If you identified as New Zealand Māori in question 17, what is the name of your Iwi?  You may enter more than one Iwi. If you do not know your Iwi, please enter 'Don't Know'. | | | | | | *Iwi: Hapu:*  *Rohe (Iwi home area):*  *Iwi: Hapu:*  *Rohe (Iwi home area):*  *Iwi: Hapu:*  *Rohe (Iwi home area):* | | | | | | | | |
| **19** | Disability:  Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential.  *If yes, how would you describe your impairment, disability or long term medical condition:* | | | | | | | | | | | *Yes* | | | *No* |
| **20** | Do you suffer from any allergies?  *If yes, please describe:* | | | | | | | | | | | *Yes* | | | *No* |
| **21** | Have you ever / or do you currently suffer from any mental health issues that we should be aware of?  *If yes, please describe:* | | | | | | | | | | | *Yes* | | | *No* |
| **22** | Criminal Convictions  *(This information is highly confidential and will not be disclosed to anyone outside of our organisation)*  ***If yes to either of the following****, please provide brief details in an envelope marked “****Confidential****” and addressed to the “****PTE Manager****”.*  Have you ever been convicted of an offence for which a jail term was imposed?  Do you have any criminal charges pending or under investigation? | | | | | | | | | | | *Yes*  *Yes* | | | *No*  *No* |
| **23** | Next of Kin / Emergency Contact | | Name: | | | | | | | | | | | | |
| Relationship: | | | | | | | | | | | | |
| Phone: ( ) | | | | | | | | | | | | |
| Mobile: ( ) | | | | | | | | | | | | |
| **24** | Before returning this form tick to indicate that you have completed the following | | Attached a copy of your Birth Certificate or Passport to confirm NZ Citizenship/Residency  Completed all sections of the enrolment form incl Secondary School name and final year  Advised Gmail address in section provided | | | | | | | | | | | | |

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| **DECLARATION** |
| **Privacy** – Tipu Ora Manaaki Ora Trust collects and stores information from this form to:   * manage the business of Tipu Ora Manaaki Ora Trust (including internal reporting, administrative processes and selection of scholarship and prize winners) * comply with the requirements of the Education Act 1989 and other legislation[[1]](#footnote-1) relating to maintenance of records * supply information to government agencies and other organisations as set out below.   In signing this enrolment form you authorise such disclosure on the understanding that Tipu Ora Manaaki Ora Trust will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact the Enrolments Officer.  NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires Tipu Ora Manaaki Ora Trust to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <http://www.privacy.org.nz/privacy-act>  *Supply of information to government agencies and other organisations*  Tipu Ora Manaaki Ora Trust supplies data collected on this form to government agencies, including:   * the Ministry of Education * the Education New Zealand * the New Zealand Qualifications Authority * the Tertiary Education Commission * the Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans) * Immigration New Zealand and the Ministry of Business, Innovation and Employment (for those who are not New Zealand citizens or permanent residents) * agencies which support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).   Those agencies use the data collected from tertiary education organisations to:   * administer the tertiary education system, including allocating funding * develop policy advice for government * conduct statistical analysis and research.   Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.  The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.  In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993.  When required by law, Tipu Ora Manaaki Ora Trust releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).  Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records. |
| **Rules – In signing this enrolment form you undertake to comply with the published rules and policies of Tipu Ora Manaaki Ora Trust with regard to attendance, academic integrity and progress, conduct and use of information systems.**  **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.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_  *Signature Date* |

1. [↑](#footnote-ref-1)