

Training Opportunities Enrolment



Tertiary Education Commission
Te Amorangi Mātauranga Matua

Programme Details

Programme name

Programme number Learner start date / /

Office Use

Parked on: / /

Parked by:

Entered on: / /

Entered by:

Personal Details

Learner's name

National Student Number

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(First name)

(Middle name)

(Last name)

Street address

Suburb Town/City

Contact telephone number (0) Other contact number (0)

Date of birth / /

Gender **MALE** or **FEMALE** (please tick one)

Eligibility Details

Date learner left school / / Name of last secondary school attended

Education History

What is the **highest** level of education the learner has achieved? (please tick only one)

- | | | |
|---|---|--|
| None <input type="checkbox"/> | 3 or more School Cert. passes <input type="checkbox"/> | National Cert. at Level 2 <input type="checkbox"/> |
| 12 credits or less at Level 1 <input type="checkbox"/> | 6th Form Cert. with 1-2 SC passes <input type="checkbox"/> | Trade Certificate <input type="checkbox"/> |
| 80 credits or less at Level 1 <input type="checkbox"/> | 6th Form Cert. with 3 or more SC passes <input type="checkbox"/> | Degree <input type="checkbox"/> |
| 81 credits or more at Level 1 or above <input type="checkbox"/> | University Entrance <input type="checkbox"/> | Other <input type="checkbox"/> |
| 1-2 School Cert. passes <input type="checkbox"/> | Bursary/HSC/Schol./13 or more credits at Level 3 <input type="checkbox"/> | |

Has the learner attended a Youth Training programme in the last 3 months? **YES** or **NO** (please tick one)

Has the learner attended a Training Opportunities programme in the last 6 months? **YES** or **NO** (please tick one)

Referral

Who has referred the learner to Training Opportunities? (please tick only one)

- | | | | |
|---|--|--|---|
| School <input type="checkbox"/> | Training provider <input type="checkbox"/> | Work and Income <input type="checkbox"/> | Self, family or whānau <input type="checkbox"/> |
| Truancy Services <input type="checkbox"/> | Department of Corrections <input type="checkbox"/> | Other <input type="checkbox"/> | |

Statistical Information

Ethnicity (please tick at least one)

- | | | | | |
|---|--|---|--|--|
| NZ European Pākehā <input type="checkbox"/> | Māori <input type="checkbox"/> | Samoan <input type="checkbox"/> | Cook Islands Māori <input type="checkbox"/> | Tongan <input type="checkbox"/> |
| Niuean <input type="checkbox"/> | Tokelauan <input type="checkbox"/> | Fijian <input type="checkbox"/> | Other Pacific Peoples <input type="checkbox"/> | Sri Lankan <input type="checkbox"/> |
| Indian <input type="checkbox"/> | Chinese <input type="checkbox"/> | Japanese <input type="checkbox"/> | Korean <input type="checkbox"/> | Other Asian <input type="checkbox"/> |
| Filipino <input type="checkbox"/> | Cambodian <input type="checkbox"/> | Vietnamese <input type="checkbox"/> | Other Southeast Asian <input type="checkbox"/> | British / Irish <input type="checkbox"/> |
| Dutch <input type="checkbox"/> | Greek <input type="checkbox"/> | Polish <input type="checkbox"/> | South Slav <input type="checkbox"/> | Italian <input type="checkbox"/> |
| German <input type="checkbox"/> | Australian <input type="checkbox"/> | Other European <input type="checkbox"/> | Middle Eastern <input type="checkbox"/> | Latin American <input type="checkbox"/> |
| African <input type="checkbox"/> | Other Ethnicity <input type="checkbox"/> | Not Stated <input type="checkbox"/> | | |

Main tribal affiliation

Other tribal affiliations **Please turn over >**

General Information

How long has the learner worked in paid employment at any time? *(please tick only one)*

- Full-time work for one year or more Full-time work for less than one year
Part-time work only Never worked in paid employment

What was the learner's main activity in the three months before this programme? *(please tick only one)*

- School Private Training Establishment Not in school, training or employment
Employed Other full-time training Polytechnic
Wānanga Overseas Other

Does the learner have special literacy needs? YES or NO *(please tick one)*

Learner Travel Costs

Daily Travel Details

TEO Supplied travel YES or NO

Public transport return trip cost per day \$

Private travel return trip distance per day km

Total travel claimed per day \$

Bank Account Details

Bank account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is this the learner's bank account? YES or NO

(please tick one)

Learner Declaration

I declare that all information on this form is true and correct.

I authorise the provider to submit to the Tertiary Education Commission (TEC) the information contained on this form and in any supporting documentation. Where the information is submitted electronically the provider may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made the provider is to note the correction on the form).

I agree to notify the provider if any of the information I have provided changes.

I acknowledge that:

- The information provided in this form is being collected and will be held by both the provider, to enable it to enrol me in the programme specified, and the TEC, to enable it to provide and monitor funding in relation to that programme. The information may also be used for the other purposes set out in this section.
- If I do not provide the information required I may not be able to be enrolled in the programme I wish to take.
- Under the Privacy Act 1993 I have a right to access and to request correction to any of my personal information provided to the provider and the TEC. I can contact the provider at the address set out in my contract with it, and the TEC at PO Box 27-048, Wellington.

I authorise the training provider/broker and the Tertiary Education Commission to collect from and disclose to other training providers/brokers, Work and Income New Zealand, Ministry of Education, New Zealand Qualifications Authority, Workbridge, and employers, information that is required to:

- Verify my eligibility for and record my progress on this and future training or to confirm an employment outcome
- Confirm credits that I have or may achieve on the National Qualifications Framework
- Verify my eligibility for a benefit
- Compile information for statistical purposes.

Learner to sign

Signed

Print name

Date / /

Provider Declaration

- I certify this learner meets the **eligibility criteria** for a fully funded training place
- I have verified that this learner is a **New Zealand citizen** or has **Permanent Residence**
- I understand that I am responsible for the information regarding **Travel Allowance** details *(if applicable)*
- I have sighted the learner's bank account details and verified proof of the **bank account number** is attached *(if applicable)*
- I have attached verification of the learner's Work and Income registration *(if applicable)*
- I certify that, to the best of my knowledge and belief, the information relating to this learner is true and correct
- I have verified that this learner has signed the learner declaration.

Provider to sign

Signed

Print name

Provider name

Provider number

Date / /