

International Student Application for Enrolment

Please complete ALL sections in English. Scan and email the application form and certified copies of all documents to: international@tpp.ac.nz or mail to the address at the bottom of this page.

Personal Details

| | | | | | |
|---------------------|---|--|---------------------------------------|---|--|
| Title | <input type="text" value="Mr, Mrs, Miss, Ms, Other"/> | | | <i>Please Complete if you can</i> | |
| Family Name (Legal) | <input type="text"/> | | | | |
| Given Names (Legal) | <input type="text"/> | | | | |
| I like to be called | <input type="text"/> | | | | |
| Date of Birth | <input type="text" value=""/> day | <input type="text" value=""/> month | <input type="text" value=""/> year | | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Programme Name/s | <input type="text"/> | | | | |
| Campus | <input type="text"/> | Start Date | <input type="text"/> | What year is this application for? <input type="text"/> | |
| Passport Number | <input type="text"/> | Expiry Date | <input type="text"/> | What ethnic group do you belong to? <input type="text"/> | |
| Country of issue | <input type="text"/> | | | Nationality <input type="text"/> | |

Address Details

| | |
|---------------------------------------|--|
| Home Address (in your country) | Postal Address in New Zealand (if known) |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Telephone Number <input type="text"/> | Telephone Number <input type="text"/> |
| Country Code – Area Code – Number | |
| Email Address <input type="text"/> | |

Agent Details (if applicable)

| | |
|---------------------------------------|------------------------------|
| Name <input type="text"/> | Address <input type="text"/> |
| Company Name <input type="text"/> | <input type="text"/> |
| Telephone Number <input type="text"/> | <input type="text"/> |
| Country Code – Area Code – Number | Country <input type="text"/> |
| Mobile Number <input type="text"/> | |
| Country Code – Area Code – Number | |
| Email Address <input type="text"/> | |

Emergency Contact Details

| | |
|---------------------------------------|--|
| Name <input type="text"/> | Address <input type="text"/> |
| Relationship <input type="text"/> | <input type="text"/> |
| Telephone Number <input type="text"/> | <input type="text"/> |
| Country Code – Area Code – Number | Country <input type="text"/> |
| Mobile Number <input type="text"/> | (N.B. This must be a physical address) |
| Country Code – Area Code – Number | |

Academic History and English Language Ability

You must provide evidence of English Language competence. The International English Language Testing System (IELTS) is the preferred test, although scores from the Test of English as Foreign Language (TOEFL) or Pearsons Test of English (PTE) are acceptable.

Name of test Score Month/Year taken

What is your first language?

What other languages do you speak?

Have any of your previous studies been completed in English? Yes No

If you answered "Yes" to the above question, how many years of study did you complete?

When was your last year at secondary/high school?

What is the highest level of education you have completed, and at which institution?

Please include a certified copy of your academic transcripts in English

Work experience (if applicable)

| Date | Company Name | Type of Work |
|----------------------|----------------------|----------------------|
| <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"/> |

Disability/Support Details

This information is used to enable us to provide support and for statistical purposes. The information you supply is confidential.

Do you live with the effects of injury, long term illness or disability? Yes No

Please describe your injury, long term illness or disability in general terms

Is there any special support you would need to study or complete this programme? Yes No

If yes please specify(eg. literacy, numeracy, hearing, visual)

Proposed Method of Payment

Cash/Cheque Telegraphic Transfer Bank Draft Direct Deposit Credit Card

If you are paying your fees by direct deposit, please deposit into Tai Poutini Polytechnic account 12 3169 0011366 062 (ASB Bank Ltd, S.I. Commercial)

If you are paying your fees by credit card, please enter your details here: Name on Card

Expiry Date

Amount \$NZD

Marketing Information

Please indicate how you obtained information about this programme. Please tick any relevant boxes.

| | | |
|--|--|---|
| <input type="checkbox"/> Tai Poutini Polytechnic brochure | <input type="checkbox"/> Tai Poutini Polytechnic staff | <input type="checkbox"/> Education fair |
| <input type="checkbox"/> Current or past Tai Poutini Polytechnic student | <input type="checkbox"/> Friends/family member | <input type="checkbox"/> Own enquiry |
| <input type="checkbox"/> Another Tertiary Institution | <input type="checkbox"/> Agent | <input type="checkbox"/> Internet |

Accommodation

| | | |
|---|------------------------------|-----------------------------|
| Do you require an airport pick up? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you need us to find you accommodation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes, do you want (choose one) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Student Hostel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Homestay? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Apartment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

General Information

Privacy Act 1993

(a) Purpose and Collection

Tai Poutini Polytechnic collects personal information about you so that you can be provided with information about programmes, registered, enrolled, entered for any examinations, have your attendance and progress recorded, or be contacted by the Polytechnic.

This information is also used by the Polytechnic to meet its statutory obligations to provide the Secretary of Education with information under Sections 225 and 226 of the Education Amendment Act 1990.

Supply of the information is mandatory for identifying an individual student to collate their academic record and pass the results to the relevant authority.

Failure to provide this information will delay your enrolment.

Every student has the right of access to, and correction of, their own personal information.

(b) Disclosure

Personal information may be disclosed to other education agencies such as the Ministry of Education, the NZ Qualifications Authority, Skill New Zealand, Industry Training Organisations and other tertiary education institutions, and to Government agencies such as the NZ Police, Department of Justice, Work and Income NZ and the Accident Compensation Corporation if they demonstrate a statutory right to obtain it.

Enrolment Fee

Once you have signed the enrolment form, you are liable for the payment of all fees in order to qualify for completion of enrolment and to meet immigration requirements.

Refund Policy for International Students

| Reason for requesting a refund | Documents to be submitted by student | Refund amount (tuition fees) |
|--|---|---|
| TPP withdraws offer of place or cancels a programme of study | None | Full refund |
| A student visa is not granted by Immigration NZ | Official notification from Immigration NZ and written request to withdraw (email or in writing) | Full refund |
| Student withdraws prior to the start date of the programme | Completed withdrawal form and written request to withdraw (email or in writing) | Full refund |
| Student withdraws in the first seven calendar days of study | Completed withdrawal form and written request to withdraw (email or in writing) | 80% of tuition fees paid (20% of tuition fees will be deducted) |
| Student withdraws after the 7th calendar day of study | Completed withdrawal form and written request to withdraw (email or in writing) | No refund |
| Compassionate consideration - when circumstances are beyond the students control | Documentation to support the special circumstances | Will be decided by the CE. A pro-rata refund if approved |

In the event that TPP ceases to be a signatory to the Code of Practice, or ceases to be a provider, then TPP must deal with fees paid for services not delivered or the unused portion of fees paid by either:

- by refunding the amount in question to the student, **or**
- if directed by the student or the Code Administrator, transfer the amount to another signatory as agreed with the student

Student Handbook

On enrolment, each student will receive a student handbook. The student handbook provides information on formal procedures and policies of Tai Poutini Polytechnic as they apply to students.

Medical and Travel Insurance

The New Zealand Ministry of Education, through the Code of Practice for the Pastoral care of International Students requires that all International Students must have the appropriate medical and travel insurance for the duration of their study in New Zealand. Tai Poutini Polytechnic will automatically arrange insurance cover.

Student Declaration

Tai Poutini Polytechnic has agreed to observe and to be bound by the Code of Practice of International Students published by NZQA. Copies of the code are available at www.nzqa.govt.nz

Application Checklist

Have you included:

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Photocopy of your passport | <input type="checkbox"/> | Certified English copies of your academic records |
| <input type="checkbox"/> | Completed and signed enrolment form | <input type="checkbox"/> | CV (resume) and Statement of Purpose |
| <input type="checkbox"/> | Certified copy of IELTS, TOEFL or PTE | <input type="checkbox"/> | Details of any relevant work experience |

Student Declaration

- I hereby declare the information given to be true and correct. I authorise any information given to be used in compliance with the Privacy Act. I acknowledge that I am bound by the statutes, regulations and policies of Tai Poutini Polytechnic. I also understand that if I have supplied false information, my enrolment may be cancelled by the Chief Executive.
- I agree that if there are concerns regarding my welfare, safety or behaviour, that after discussing them with me, a Tai Poutini Polytechnic Student staff member can contact my parents, guardians or educational agent to discuss appropriate causes of action.
- I have read and understood the International student fees, charges and refund conditions.
- I understand that the making of a 'false declaration' is an offence under the Crimes Act 1961.

Signature

Day

Month

Year

Disclaimer

Tai Poutini Polytechnic reserves the right to cancel programmes/courses where enrolment numbers are insufficient to make delivery financially viable. In that event, the Polytechnic accepts no liability for personal expenses incurred by potential students. Any fees paid in this situation will be refunded in full.