

STAR Enrolment Form



1 Personal Details

Title	<input type="text" value="Mr, Mrs, Miss, Ms, Other"/>	National Student Index Number (NSN) (if known) <input type="text"/>
Surname	<input type="text"/>	
First Names	<input type="text"/>	
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Day Month Year	
Citizenship (Nationality)	<input type="text"/>	
Residency Status	<input type="checkbox"/> NZ Citizen (NZL) <input type="checkbox"/> NZ Permanent Resident (NZP) <input type="checkbox"/> Australian Citizen (AUS) <input type="checkbox"/> Overseas	

2 Address Details

Permanent Postal Address	Term Postal Address (if different from permanent address)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text" value="Postcode:"/>	<input type="text" value="Postcode:"/>
Telephone No. []	Telephone No. []
Mobile Phone No. <input type="text"/>	Email Address <input type="text"/>

3 Study Contract Details

Name of course	<input type="text"/>
Date of course	<input type="text"/>
Location of course	<input type="text"/>
Name of the school the student is attending	<input type="text"/>
the year that they are in	<input type="text"/>
The school contact (Careers/STAR/Gateway Person)	<input type="text"/>
The school contact details	<input type="text"/>

Please turn over and complete the other side

4 Ethnicity: What ethnic group(s) do you belong to?

You may tick up to three boxes, which apply to you.

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

Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other".

Iwi

*If you identified as New Zealand Maori (211) in the Ethnic Origin section, with which Iwi do you identify? You may enter more than one iwi. If you do not know the name of your iwi, please enter "Don't Know".

Iwi
Rohe (Iwi home area)

5 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

If 'yes', 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)

6 Emergency Contact Details

Contact person in case of emergency

Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>

Home Telephone Number	[]
Work Telephone Number	[]
Relationship to this person	<input type="text"/>

NB: A POST BOX IS UNACCEPTABLE

7 Student Declaration

I hereby declare the information given to be true. 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.

Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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.