

# Tauranga Hair Design Academy

## T/A Hair to Train Enrolment Form 2017



9 Anson Street, Tauranga  
5 Totara Street, Mt. Maunganui

07 578 5747  
07 574 5752  
office@hairtotrain.co.nz

**Welcome to Hair to Train. Please read the instructions below carefully before you complete this enrolment form.**

### 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 the Ministry of Education and other Government agencies for statistical and registration 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 questions.
- Signing the form.
- Attaching to the form additional documentation that is required for Ministry of Education funding purposes. A description of the required documentation is provided on page 6 of the form.

| A QUALIFICATION    |   |                                    |                                    |
|--------------------|---|------------------------------------|------------------------------------|
| 1                  | Please write the name of the qualification you wish to enrol in for 2016: |                                    | Office Use                         |
|                    | Qualification Start Date:   | 31/01/2017                         |                                    |
|                    | Qualification End Date (if known):  | 15/12/2017                         |                                    |
| 2                  | Have you studied at Hair to Train before?                                 | Yes <input type="checkbox"/>       | No <input type="checkbox"/>        |
| 3                  | Do you intend to study:   | Part time <input type="checkbox"/> | Full time <input type="checkbox"/> |
| 4                  | Please enter the names(s) of the courses you wish to enrol in for 2016:   |                                    |                                    |
|                    |   |                                    |                                    |
|                    |   |                                    |                                    |
|                    |   |                                    |                                    |
|                    |   |                                    |                                    |
| B PERSONAL DETAILS |   |                                    |                                    |
| 5                  | Print your full legal name:<br>Family Name:                               |                                    |                                    |



|     |   |   |                               |   |                               |                                 |
|-----|---|---|-------------------------------|---|-------------------------------|---------------------------------|
|     | Given Name(s):  |   |                               |   |                               |                                 |
| 6   | Preferred first name:   |   |                               |   |                               |                                 |
|     | Previous name(s) known by:  |   |                               |   |                               |                                 |
| 7   | If you have previously enrolled at this organisation under another name, what was that name?  |   |                               |   |                               |                                 |
| 8   | Preferred title:  | Ms <input type="checkbox"/>   | Miss <input type="checkbox"/> | Mrs <input type="checkbox"/>  | Mr <input type="checkbox"/>   | Other (Specify):                |
| 9   | Date of birth:  | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>   | 10                            | Gender:   | Male <input type="checkbox"/> | Female <input type="checkbox"/> |
|     |   | day   | month                         | year  |                               |                                 |
| 11  | If you know your NSN (National Student Number), please write it here.<br>If you answered Yes to question 2, you MUST fill in this section.  |   |                               | <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"/> |                               |                                 |
| 12  | Citizenship and Residency:<br><br>You may need to supply evidence of residence or citizenship   | Tick the box which best describes your citizenship:<br><i>New Zealand Citizen</i> <input type="checkbox"/> NZL , go to 12a<br><i>Australian Citizen</i> <input type="checkbox"/> AUS, go to 12a<br><i>Other</i> <input type="checkbox"/><br>If "Other",<br>Please specify your Country of Citizenship (For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.):<br>Country of Citizenship: _____<br><br>Tick the box if you have New Zealand or Australian Permanent Residency Status:<br>New Zealand Resident/Permanent Resident <input type="checkbox"/><br>Australian Permanent Resident <input type="checkbox"/> |                               |   |                               |                                 |
| 12a | During your time studying in this qualification will you be resident in New Zealand or overseas?<br><i>In New Zealand</i> <input type="checkbox"/> <i>Overseas</i> <input type="checkbox"/> |   |                               |   |                               |                                 |

|                              |  |   |                              |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
|------------------------------|--|---|------------------------------|------------------------------|-----------------|------------------------------|--------------------------|------------------------------|------------------|------------------------------|---------------|------------------------------|-------------------|------------------------------|--------------------------|------------------------------|------------------------------|------------------------------|---------------|------------------------------|----------------|------------------------------|-------------|------------------------------|---------------|------------------------------|------------------|------------------------------|-------------------|------------------------------|---------------|------------------------------|-----------------|------------------------------|------------------------------|------------------------------|---------------|------------------------------|----------------------|------------------------------|--------------------|------------------------------|--------------|------------------------------|-----------------------|------------------------------|--------------|------------------------------|-----------------------|------------------------------|---------------|------------------------------|----------------|------------------------------|-------------------|------------------------------|--------------|------------------------------|----------------|------------------------------|-------------------|------------------------------|---------------|------------------------------|--|--|-------------------|------------------------------|--|--|-----------------------|------------------------------|--|--|
| 12b                          | <p>Please also specify your fee/assistance status.</p> <p><i>Domestic Student</i> <input type="checkbox"/> 00<br/> <i>NZAID Student</i> <input type="checkbox"/> 01<br/> <i>International Fee-Paying Student (including people on current work visa)</i> <input type="checkbox"/> 03<br/> <i>Student on a recognised exchange scheme</i> <input type="checkbox"/> 04<br/> <i>Foreign Research Based Post-Graduate</i> <input type="checkbox"/> 06<br/> <i>Visiting military personnel, diplomatic staff or family, persons associated with Antarctic Programme</i> <input type="checkbox"/> 08<br/> <i>International On-Shore PhD student</i> <input type="checkbox"/> 09<br/> <i>International student doing ITO off-job training</i> <input type="checkbox"/> 12<br/> <i>Refugee or protected person whose application for residence is being processed OR a person who has made a claim to be recognised as a refugee or protected person and holds a valid temporary visa</i> <input type="checkbox"/> 13</p> <p><b>Note:</b> Always 00 for New Zealand Citizen; 00 for New Zealand resident, New Zealand Permanent Resident, and Australian Citizen or Australian Permanent Resident residing in New Zealand during the time studying this qualification.</p> |   |                              |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| 13                           | <p><b>Ethnicity:</b><br/> <b>What ethnic group(s) do you belong to?</b></p> <p>You may tick up to three boxes, which apply to you.</p>   | <table border="0"> <tr> <td><i>NZ European/Pakeha</i></td> <td><input type="checkbox"/> 111</td> <td><i>Filipino</i></td> <td><input type="checkbox"/> 411</td> </tr> <tr> <td><i>New Zealand Māori</i></td> <td><input type="checkbox"/> 211</td> <td><i>Cambodian</i></td> <td><input type="checkbox"/> 412</td> </tr> <tr> <td><i>Samoan</i></td> <td><input type="checkbox"/> 311</td> <td><i>Vietnamese</i></td> <td><input type="checkbox"/> 413</td> </tr> <tr> <td><i>Cook Island Māori</i></td> <td><input type="checkbox"/> 321</td> <td><i>Other Southeast Asian</i></td> <td><input type="checkbox"/> 414</td> </tr> <tr> <td><i>Tongan</i></td> <td><input type="checkbox"/> 331</td> <td><i>Chinese</i></td> <td><input type="checkbox"/> 421</td> </tr> <tr> <td><i>Niue</i></td> <td><input type="checkbox"/> 341</td> <td><i>Indian</i></td> <td><input type="checkbox"/> 431</td> </tr> <tr> <td><i>Tokelauan</i></td> <td><input type="checkbox"/> 351</td> <td><i>Sri Lankan</i></td> <td><input type="checkbox"/> 441</td> </tr> <tr> <td><i>Fijian</i></td> <td><input type="checkbox"/> 361</td> <td><i>Japanese</i></td> <td><input type="checkbox"/> 442</td> </tr> <tr> <td><i>Other Pacific Peoples</i></td> <td><input type="checkbox"/> 371</td> <td><i>Korean</i></td> <td><input type="checkbox"/> 443</td> </tr> <tr> <td><i>British/Irish</i></td> <td><input type="checkbox"/> 121</td> <td><i>Other Asian</i></td> <td><input type="checkbox"/> 444</td> </tr> <tr> <td><i>Dutch</i></td> <td><input type="checkbox"/> 122</td> <td><i>Middle Eastern</i></td> <td><input type="checkbox"/> 511</td> </tr> <tr> <td><i>Greek</i></td> <td><input type="checkbox"/> 123</td> <td><i>Latin American</i></td> <td><input type="checkbox"/> 521</td> </tr> <tr> <td><i>Polish</i></td> <td><input type="checkbox"/> 124</td> <td><i>African</i></td> <td><input type="checkbox"/> 531</td> </tr> <tr> <td><i>South Slav</i></td> <td><input type="checkbox"/> 125</td> <td><i>Other</i></td> <td><input type="checkbox"/> 611</td> </tr> <tr> <td><i>Italian</i></td> <td><input type="checkbox"/> 126</td> <td><i>Not Stated</i></td> <td><input type="checkbox"/> 999</td> </tr> <tr> <td><i>German</i></td> <td><input type="checkbox"/> 127</td> <td></td> <td></td> </tr> <tr> <td><i>Australian</i></td> <td><input type="checkbox"/> 128</td> <td></td> <td></td> </tr> <tr> <td><i>Other European</i></td> <td><input type="checkbox"/> 129</td> <td></td> <td></td> </tr> </table> <p>Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other".</p> | <i>NZ European/Pakeha</i>    | <input type="checkbox"/> 111 | <i>Filipino</i> | <input type="checkbox"/> 411 | <i>New Zealand Māori</i> | <input type="checkbox"/> 211 | <i>Cambodian</i> | <input type="checkbox"/> 412 | <i>Samoan</i> | <input type="checkbox"/> 311 | <i>Vietnamese</i> | <input type="checkbox"/> 413 | <i>Cook Island Māori</i> | <input type="checkbox"/> 321 | <i>Other Southeast Asian</i> | <input type="checkbox"/> 414 | <i>Tongan</i> | <input type="checkbox"/> 331 | <i>Chinese</i> | <input type="checkbox"/> 421 | <i>Niue</i> | <input type="checkbox"/> 341 | <i>Indian</i> | <input type="checkbox"/> 431 | <i>Tokelauan</i> | <input type="checkbox"/> 351 | <i>Sri Lankan</i> | <input type="checkbox"/> 441 | <i>Fijian</i> | <input type="checkbox"/> 361 | <i>Japanese</i> | <input type="checkbox"/> 442 | <i>Other Pacific Peoples</i> | <input type="checkbox"/> 371 | <i>Korean</i> | <input type="checkbox"/> 443 | <i>British/Irish</i> | <input type="checkbox"/> 121 | <i>Other Asian</i> | <input type="checkbox"/> 444 | <i>Dutch</i> | <input type="checkbox"/> 122 | <i>Middle Eastern</i> | <input type="checkbox"/> 511 | <i>Greek</i> | <input type="checkbox"/> 123 | <i>Latin American</i> | <input type="checkbox"/> 521 | <i>Polish</i> | <input type="checkbox"/> 124 | <i>African</i> | <input type="checkbox"/> 531 | <i>South Slav</i> | <input type="checkbox"/> 125 | <i>Other</i> | <input type="checkbox"/> 611 | <i>Italian</i> | <input type="checkbox"/> 126 | <i>Not Stated</i> | <input type="checkbox"/> 999 | <i>German</i> | <input type="checkbox"/> 127 |  |  | <i>Australian</i> | <input type="checkbox"/> 128 |  |  | <i>Other European</i> | <input type="checkbox"/> 129 |  |  |
| <i>NZ European/Pakeha</i>    | <input type="checkbox"/> 111   | <i>Filipino</i>   | <input type="checkbox"/> 411 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>New Zealand Māori</i>     | <input type="checkbox"/> 211   | <i>Cambodian</i>  | <input type="checkbox"/> 412 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Samoan</i>                | <input type="checkbox"/> 311   | <i>Vietnamese</i>   | <input type="checkbox"/> 413 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Cook Island Māori</i>     | <input type="checkbox"/> 321   | <i>Other Southeast Asian</i>  | <input type="checkbox"/> 414 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Tongan</i>                | <input type="checkbox"/> 331   | <i>Chinese</i>  | <input type="checkbox"/> 421 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Niue</i>                  | <input type="checkbox"/> 341   | <i>Indian</i>   | <input type="checkbox"/> 431 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Tokelauan</i>             | <input type="checkbox"/> 351   | <i>Sri Lankan</i>   | <input type="checkbox"/> 441 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Fijian</i>                | <input type="checkbox"/> 361   | <i>Japanese</i>   | <input type="checkbox"/> 442 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Other Pacific Peoples</i> | <input type="checkbox"/> 371   | <i>Korean</i>   | <input type="checkbox"/> 443 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>British/Irish</i>         | <input type="checkbox"/> 121   | <i>Other Asian</i>  | <input type="checkbox"/> 444 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Dutch</i>                 | <input type="checkbox"/> 122   | <i>Middle Eastern</i>   | <input type="checkbox"/> 511 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Greek</i>                 | <input type="checkbox"/> 123   | <i>Latin American</i>   | <input type="checkbox"/> 521 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Polish</i>                | <input type="checkbox"/> 124   | <i>African</i>  | <input type="checkbox"/> 531 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>South Slav</i>            | <input type="checkbox"/> 125   | <i>Other</i>  | <input type="checkbox"/> 611 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Italian</i>               | <input type="checkbox"/> 126   | <i>Not Stated</i>   | <input type="checkbox"/> 999 |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>German</i>                | <input type="checkbox"/> 127   |   |                              |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Australian</i>            | <input type="checkbox"/> 128   |   |                              |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| <i>Other European</i>        | <input type="checkbox"/> 129   |   |                              |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |
| 14                           | <p><b>Iwi:</b></p> <p>If you identified as New Zealand Māori in question 13, what is the name of your Iwi?</p> <p>You may enter more than one Iwi. If you do not know your Iwi, please enter 'Don't Know'.</p>   | <p><i>Iwi:</i><br/> <i>Rohe (Iwi home area):</i></p> <p><i>Iwi:</i><br/> <i>Rohe (Iwi home area):</i></p> <p><i>Iwi:</i><br/> <i>Rohe (Iwi home area):</i></p>  |                              |                              |                 |                              |                          |                              |                  |                              |               |                              |                   |                              |                          |                              |                              |                              |               |                              |                |                              |             |                              |               |                              |                  |                              |                   |                              |               |                              |                 |                              |                              |                              |               |                              |                      |                              |                    |                              |              |                              |                       |                              |              |                              |                       |                              |               |                              |                |                              |                   |                              |              |                              |                |                              |                   |                              |               |                              |  |  |                   |                              |  |  |                       |                              |  |  |

|  |                          |   |   |                          |    |   |                          |    |                       |                          |    |               |                          |    |                    |                          |    |                     |                          |    |                         |                          |    |                                       |                          |    |  |                          |    |                 |                          |    |
|--|--------------------------|---|---|--------------------------|----|---|--------------------------|----|-----------------------|--------------------------|----|---------------|--------------------------|----|--------------------|--------------------------|----|---------------------|--------------------------|----|-------------------------|--------------------------|----|---------------------------------------|--------------------------|----|--|--------------------------|----|-----------------|--------------------------|----|
| <b>15</b>                              | Prior activity:          | <p>What was your MAIN activity or occupation in New Zealand at 1 October 2015?<br/>You may tick only one box.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Secondary school student</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 5%; text-align: center;">01</td> <td style="width: 30%;">Non-employed or beneficiary (excluding retired)</td> <td style="width: 5%; text-align: center;"><input type="checkbox"/></td> <td style="width: 5%; text-align: center;">02</td> </tr> <tr> <td>Wage or salary worker</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">03</td> <td>Self-employed</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">04</td> </tr> <tr> <td>University student</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">05</td> <td>Polytechnic student</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">06</td> </tr> <tr> <td>House-person or retired</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">08</td> <td>Overseas (irrespective of occupation)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">09</td> </tr> <tr> <td>Private Training Establishment student</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">11</td> <td>Wānanga student</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">12</td> </tr> </table> | Secondary school student                        | <input type="checkbox"/> | 01 | Non-employed or beneficiary (excluding retired) | <input type="checkbox"/> | 02 | Wage or salary worker | <input type="checkbox"/> | 03 | Self-employed | <input type="checkbox"/> | 04 | University student | <input type="checkbox"/> | 05 | Polytechnic student | <input type="checkbox"/> | 06 | House-person or retired | <input type="checkbox"/> | 08 | Overseas (irrespective of occupation) | <input type="checkbox"/> | 09 | Private Training Establishment student | <input type="checkbox"/> | 11 | Wānanga student | <input type="checkbox"/> | 12 |
| Secondary school student               | <input type="checkbox"/> | 01  | Non-employed or beneficiary (excluding retired) | <input type="checkbox"/> | 02 |   |                          |    |                       |                          |    |               |                          |    |                    |                          |    |                     |                          |    |                         |                          |    |                                       |                          |    |  |                          |    |                 |                          |    |
| Wage or salary worker                  | <input type="checkbox"/> | 03  | Self-employed                                   | <input type="checkbox"/> | 04 |   |                          |    |                       |                          |    |               |                          |    |                    |                          |    |                     |                          |    |                         |                          |    |                                       |                          |    |  |                          |    |                 |                          |    |
| University student                     | <input type="checkbox"/> | 05  | Polytechnic student                             | <input type="checkbox"/> | 06 |   |                          |    |                       |                          |    |               |                          |    |                    |                          |    |                     |                          |    |                         |                          |    |                                       |                          |    |  |                          |    |                 |                          |    |
| House-person or retired                | <input type="checkbox"/> | 08  | Overseas (irrespective of occupation)           | <input type="checkbox"/> | 09 |   |                          |    |                       |                          |    |               |                          |    |                    |                          |    |                     |                          |    |                         |                          |    |                                       |                          |    |  |                          |    |                 |                          |    |
| Private Training Establishment student | <input type="checkbox"/> | 11  | Wānanga student                                 | <input type="checkbox"/> | 12 |   |                          |    |                       |                          |    |               |                          |    |                    |                          |    |                     |                          |    |                         |                          |    |                                       |                          |    |  |                          |    |                 |                          |    |

|           |  |                              |                             |
|-----------|--|------------------------------|-----------------------------|
| <b>16</b> | <p><sup>1</sup>Disability:</p> <p>Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential.</p> <p><i>If yes, how would you describe your impairment, disability or long term medical condition:</i></p> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-----------|--|------------------------------|-----------------------------|

**C ACADEMIC INFORMATION**

|   |                          |  |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
|---|--------------------------|--|------------------------------------|--------------------------|----|---------------------------------|--------------------------|----|---|--------------------------|----|---|--------------------------|----|---------------------|--------------------------|----|--|--------------------------|----|---|--------------------------|----|-------|--------------------------|----|-----------|--------------------------|----|--|
| <b>17</b>   | Secondary School:        | <p>What was the name of the last secondary school you attended?<br/>State "overseas", if applicable.</p> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/>  | <i>Office Use</i>                  |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
|   |                          | <p>What was your last year at secondary school? <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>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 Learning shows you how many credits you have. Tick only one box.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">No formal secondary qualifications</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/></td> <td style="width: 5%; text-align: center;">00</td> </tr> <tr> <td>14 or more credits at any level</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">11</td> </tr> <tr> <td>NCEA Level 1 <b>or</b> School Certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">12</td> </tr> <tr> <td>NCEA Level 2 <b>or</b> 6<sup>th</sup> Form Certificate</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">13</td> </tr> <tr> <td>University Entrance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">14</td> </tr> <tr> <td>NCEA Level 3 <b>or</b> Bursary <b>or</b> Scholarship</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">15</td> </tr> <tr> <td>Overseas qualification (includes International Baccalaureate &amp; Cambridge Exams)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">09</td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">98</td> </tr> <tr> <td>Not Known</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">99</td> </tr> </table> <p>Please specify if "Overseas qualification" or "Other".</p> <hr style="border: 0; border-top: 1px solid black;"/> <p><small>*University Entrance attained from 2014 onwards is higher than NCEA Level 3 as it is one of the requirements that must be met to attain UE</small></p> | No formal secondary qualifications | <input type="checkbox"/> | 00 | 14 or more credits at any level | <input type="checkbox"/> | 11 | NCEA Level 1 <b>or</b> School Certificate | <input type="checkbox"/> | 12 | NCEA Level 2 <b>or</b> 6 <sup>th</sup> Form Certificate | <input type="checkbox"/> | 13 | University Entrance | <input type="checkbox"/> | 14 | NCEA Level 3 <b>or</b> Bursary <b>or</b> Scholarship | <input type="checkbox"/> | 15 | Overseas qualification (includes International Baccalaureate & Cambridge Exams) | <input type="checkbox"/> | 09 | Other | <input type="checkbox"/> | 98 | Not Known | <input type="checkbox"/> | 99 |  |
| No formal secondary qualifications  | <input type="checkbox"/> | 00   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| 14 or more credits at any level   | <input type="checkbox"/> | 11   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| NCEA Level 1 <b>or</b> School Certificate                                       | <input type="checkbox"/> | 12   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| NCEA Level 2 <b>or</b> 6 <sup>th</sup> Form Certificate                         | <input type="checkbox"/> | 13   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| University Entrance   | <input type="checkbox"/> | 14   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| NCEA Level 3 <b>or</b> Bursary <b>or</b> Scholarship                            | <input type="checkbox"/> | 15   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| Overseas qualification (includes International Baccalaureate & Cambridge Exams) | <input type="checkbox"/> | 09   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| Other   | <input type="checkbox"/> | 98   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |
| Not Known   | <input type="checkbox"/> | 99   |                                    |                          |    |                                 |                          |    |   |                          |    |   |                          |    |                     |                          |    |  |                          |    |   |                          |    |       |                          |    |           |                          |    |  |

<sup>1</sup> The completion of this section is not compulsory



|           |                 |  |
|-----------|-----------------|--|
| <b>18</b> | Tertiary Study: | <p>Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If you answered "No", please enter the name of the organisation you studied at and the year of your first enrolment:</p> <p>Name:</p> <hr/> <p>Year: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>What year do you expect to complete the academic requirements of your course/s in order to graduate with your qualification?</p> <p>Year: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> |
|-----------|-----------------|--|

**D IRD NUMBER COLLECTION**

|           |  |   |
|-----------|--|---|
| <b>19</b> |  | <p>Do you currently have or will you have a Student Loan this year?</p> <p><input type="checkbox"/> - <b>No</b> – please go to the next section</p> <p><input type="checkbox"/> - <b>Yes</b> – please insert your IRD number (see notes for more information on interest write-off)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>-<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>-<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p><b>Interest Free Student Loans and other Interest Write-offs</b></p> <p>Completing your IRD number is voluntary. This is requested so the Ministry of Education can share information with MSD (StudyLink) regarding Student enrolments. If you choose to provide your IRD number on the enrolment form this will be included with your enrolment details and will be reported to the Ministry of Education.</p> |
|-----------|--|---|

| <b>E DOCUMENTATION</b> |   |
|------------------------|---|
|                        | <p>To qualify as a <b>domestic student</b>, 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. You must provide evidence of citizenship or permanent residency and to do so you must produce one of the following:</p> <ul style="list-style-type: none"> <li>▪ Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.</li> <li>▪ New Zealand passport.</li> <li>▪ A statement of Whakapapa, including date of birth, countersigned by a kaumatua.</li> <li>▪ Certificate of citizenship or letter of confirmation.</li> <li>▪ Overseas passport with residency stamp.</li> </ul> <p>You can bring the original documentation to the student administrator, alternatively please provide a certified copy. This means a photocopy 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.</p> <p><b>International</b> students must bring their passport with them when they enrol.</p> <p><b>Please note</b> that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see: <a href="http://nsi.education.govt.nz/home.aspx">http://nsi.education.govt.nz/home.aspx</a></p> |
| <b>20</b>              | <p>Please tick here all documents that you have attached to this enrolment form. Documents should be securely clipped or stapled to the back of this form.</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Passport/Birth Certificate</li> <li><input type="checkbox"/> Evidence of Bank Account</li> <li><input type="checkbox"/> Evidence of IRD number</li> </ul>  |

| F BANK ACCOUNT    |   |  |  |
|-------------------|---|--|--|
| 21                | Please provide details of your bank account for the deposit of items such as Travel Allowances.   |  |  |
|                   | <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"/><br><i>Bank                      Branch                      Account Number                      Suffix</i> |  |  |
|                   | Name of Bank:   |  |  |
| Name of Branch:   |   | Town/City:   |  |
| G CONTACT DETAILS |   |  |  |
| 22                | Home Address and contact details:   | Home Address:  | Postal Address: (if different from home address) |
|                   |   | Street Address:  | Street Address:                                  |
|                   |   | Suburb:  | Suburb:  |
|                   |   | Town/City:   | Town/City:                                       |
|                   |   | Post Code:   | Post Code:                                       |
|                   |   | Phone: (    )  | Mobile:  |
|                   |   | Fax: (    )  |  |
| Email:            |   |  |  |
| 21                | Address While Studying:   | Address while Studying (if different from home address): |  |
|                   |   | Street Address:  |  |
|                   |   | Suburb:  |  |
|                   |   | Town/City:   |  |
|                   |   | Post Code:   |  |
| Phone: (    )     |   | Mobile:  |  |
| Fax: (    )       |   | Email:   |  |
| Next of Kin:      |   | Name:  | Phone: (    )                                    |

## USE OF INFORMATION, PRIVACY STATEMENT AND DECLARATION

**Privacy** – Hair to Train collects and stores information from this form to:

- manage the business of Hair to Train (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education Act 1989 and other legislation<sup>2</sup> 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 Hair to Train 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 Hair to Train 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*

Hair to Train supplies data collected on this form to government agencies, including:

- the Ministry of Education
- 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 who 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, Hair to Train 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.

**Fees** – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. Hair to Train's policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

**Rules** – In signing this enrolment form you undertake to comply with the published rules and policies of Hair to Train with regard to attendance, academic integrity and progress, conduct and use of information systems.

<sup>2</sup> This includes legislation governing the maintenance of official records and for accountability for public funding.



**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*

➤ **Please make sure that you sign your enrolment form above** ◀

| <i>Office Use Only</i>     |                            |                            |
|----------------------------|----------------------------|----------------------------|
| <i>Documentation</i>       | <i>Approved</i>            | <i>Entered</i>             |
| _____<br>_____/_____/_____ | _____<br>_____/_____/_____ | _____<br>_____/_____/_____ |