

Application for Enrolment Form

2010 Certificate, Diploma & Professional Development Qualifications

Personal Information

Title Dr Mr Mrs Miss Ms

Surname or family name

First name

Middle name

Date of Birth (dd/mm/yyyy)

Gender Male Female

Citizenship (Please tick the relevant box)

- New Zealand Citizen
 New Zealand Permanent resident or Australian permanent resident
 Australian citizen
 Studying on student visa
 Other

Passport details (International Students only)

Visa type Student Visitor Work

Passport Number

(Copy of passport or birth certificate is required from first time students at the College)

Passport expiry date (dd/mm/yyyy)

Country of issue

Contact Details

Physical Address

Street number and name

Suburb

City

Country

Postal Address (if different from above)

Street number and name

Suburb

City

Country

Home Telephone Number

Work/ Mobile Telephone Number

Email address

Please indicate your preferred form of communication with regards to this application:

Telephone Post Email

Emergency Contact Details

Please provide details of a person residing in New Zealand we may contact in case of emergency:

Surname

First name

Emergency contact number



