

Enrolment Application Form

2008 Community Education and Short Courses

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

Contact Details

Physical Address

Street number and name

Suburb City

Postal Address (if different from above)

Street number and name

Suburb City

Contact Numbers

Home Telephone Number

Work/Mobile Telephone Number

Email address

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

Telephone Post Email

Ethnic Group (please tick the relevant box)

New Zealand European/Pakeha/Other European

New Zealand Maori

(please specify iwi/hapu) _____

Samoan

Cook Island Maori

Tongan

Niuean

Tokelauan

Fijian

Other Pacific Island

Course Selection

How did you find out about the college? _____

I am enrolling in the Certificate in Healing and Life Studies

I am enrolling in a short course only

Course Title

Enter the courses you will complete in 2008:

- If enrolling in the Certificate, please identify the 6 modules you will complete
- If enrolling in an individual short course, please identify just that course

Course Title & Code	Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Enrolment Procedure

Complete Enrolment Application Form for 2008 for Short Courses



(Return the completed form to CCNM, PO Box 4529, Christchurch, New Zealand)



When the College receives your application it will be checked for missing details. You will be contacted to provide any missing details.



You will receive a letter confirming the course information and detailing instructions for payment.



NB. Your place on the course will not be secure until full fee payment has been received. This is required at least 3 weeks prior to the start date.

Student Declaration

I have read and understood the 2008 CCNM prospectus and have viewed the website for course details and CCNM policies and procedures. I have read and understood those procedures and agree to abide by them.

I declare that the information set out in this application and the attached documents is true and complete to the best of my knowledge.

I understand that any false information may jeopardise the validity of my application and enrolment at CCNM.

I understand that I have the right to see and correct the information contained in this application.

I understand that the course I am enrolling in is for personal enrichment and in no way qualifies me to be a practitioner.

Signature

Date (dd/mm/yyyy)

FOR OFFICE USE ONLY

Date

Initial

Received _____

Checked _____

Ltr Sent _____