



# APPLICATION TO RE-ENROL

## PERSONAL DETAILS

<b>Title</b>	<b>Date of birth</b>	_____
<b>Surname</b>	<b>Gender</b>	_____
<b>First name(s)</b>	<b>Student ID</b>	_____
<b>Preferred name</b>	<b>NSN ID</b>	_____
<b>Previous name</b>		_____

## CONTACT DETAILS

<b>Home Address</b>	<b>Study Address (if different)</b>
_____	_____
<b>Email</b>	_____
<b>Mobile</b>	_____

## STUDY CHOICE

Do you intend to study ☐ Full-Time ☐ Part-Time

Do you expect to finish your qualification this year? ☐ Yes ☐ No

**Programme Name:** \_\_\_\_\_

Some programmes require you to select the courses you wish to study. **Make your course and code selection below (if known)**

Code	Course(s)	Start Date

At which campus is your programme offered? ☐ Petone ☐ Wellington CBD ☐ n ☐ Auckland ☐ Porirua ☐ n ☐ Other

## FEES

**How do you intend to pay for your study?** (WelTec does not accept cash payments)

- ☐ Student Loan  
☐ Invoice Employer (attach purchase order)

**Company Name** \_\_\_\_\_

☐ Other \_\_\_\_\_

**i** Start your application as soon as possible to avoid delays. Use the StudyLink website to ensure you are eligible for a student loan and/or allowance. If your loan application is not approved, you will still be liable for any fees due.

**i** Some short courses and night classes are not eligible for loans. Check with us if you are unsure

**i** You need to be in New Zealand three years to access StudyLink

## LEARNING AND DISABILITY SUPPORT

Do you live with the effects of injury, long-term illness, disability or learning difficulty?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Autism             | <input type="checkbox"/> Intellectual                  | <input type="checkbox"/> Mental Health     |
| <input type="checkbox"/> Blind              | <input type="checkbox"/> Medical (Temporary)           | <input type="checkbox"/> Physical          |
| <input type="checkbox"/> Deaf               | <input type="checkbox"/> Medical (Chronic or on-going) | <input type="checkbox"/> Specific learning |
| <input type="checkbox"/> Hearing Impairment |  | <input type="checkbox"/> difficulty Vision |
|   |  | <input type="checkbox"/> impairment        |

☐ Yes ☐ No

*\* This information is confidential and is used to help us improve services to students*

☐ Is there anything else that could impact on your learning that we could help with e.g. anxiety, depression, medication?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Would you like to discuss any of the above?

☐ Yes ☐ No

## EMERGENCY CONTACT DETAILS

### Who in New Zealand should we contact in case of emergency?

Name	Serena McNaughten
Relationship	Mother
Mobile	64275269684
Phone	045269684

## DISCLAIMER

Acceptance of your application to enrol at the Wellington Institute of Technology ('WelTec') or Whitireia Community Polytechnic ('Whitireia') is subject to you meeting the admission and programme requirements (if any) and the availability of places on your selected course(s).

WelTec and Whitireia reserve the right to cancel, postpone or change the location of courses and/or programmes and shall not be liable for any claim other than the portion of the fees relating to the cancelled course or programme.

## USE OF INFORMATION AND PRIVACY STATEMENT

### Use of Information and Privacy Statement:

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification and to collect information required by the Ministry of Education and other Government agencies for statistical and administrative reasons.

WelTec and Whitireia collaborate to offer students more study options and more places to study. To do this, WelTec and Whitireia share student information to plan delivery and provide student services at all campuses, including for enrolment administration, Library and Information Services, Learning Support, Disability Support, Careers Advice, scholarships, graduation and academic records, and student conduct and complaints.

WelTec and Whitireia collect and store information from this form to:

- manage the business of WelTec and Whitireia
- communicate promotional information relevant to WelTec and Whitireia
- share with the Wellington Regional Council and its agencies to confirm eligibility for transport discounts
- stay in contact with alumni
- comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of official records and accountability for public funding
- supply information to the following government agencies:
  - Audit New Zealand
  - Ministry of Education
  - New Zealand Qualifications Authority
  - Tertiary Education Commission
  - Ministry of Social Development
  - Immigration New Zealand.

Those agencies use the data supplied to:

- administer the tertiary education system, including allocating funding
- develop policy advice for government
- conduct statistical analysis and research.

The Ministry of Education 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.

When required by law, WelTec 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 and to funding organisations that have a right to enrolment information (e.g. Industry Training Organisations).

When required by law, WelTec and Whitireia release information to government agencies such as the New Zealand Police, Department of Justice and Accident Compensation Corporation (ACC).

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records and to funding organisations that have a right to enrolment information (e.g. Industry Training Organisations).

By submitting this enrolment form you authorise such disclosure on the understanding that WelTec and Whitireia 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.

WelTec or Whitireia may contact you via telephone, post, email and/or text message regarding your enrolment.

You may see information Whitireia and WelTec have collected about you and you have the right to amend any errors.

### Declaration:

- I hereby apply for enrolment as a student at the Wellington Institute of Technology ('WelTec') and, if accepted, I agree to comply with the Academic Statute, Student Code of Conduct, and related policies on the WelTec website [www.weltec.ac.nz](http://www.weltec.ac.nz)
- I acknowledge my responsibility to be aware of the Programme Regulations and examination entry dates, including any external examinations related to my study.
- I declare that all information I have supplied on this form and any attached documentation to be true and complete and I acknowledge that WelTec may cancel my enrolment if false information has been supplied, or required information is not supplied by the due start date of the programme.
- I have read and understood the provisions of the Privacy Act, as outlined in this Enrolment Form and I authorise the institute to collect, use and disclose the information in this form to StudyLink.
- I acknowledge that if I opt into SMART, my personal information will be held by my local library and by other libraries in the Wellington region.
- I understand that WelTec and Whitireia capture photographs and videos of events, activities and classroom situations where I may be present and I agree that my image can be used for WelTec and Whitireia marketing where the image is of a group setting. I understand I have the right to refuse permission if the image focuses on me as an individual and I undertake to advise the photographer, videographer or staff member if I do not want my likeness to be captured or used.
- If accepted, I undertake to pay all fees and any course related costs as they become due and to meet any late fees and collections charges associated with debt recovery.

## I AM UNDER 18

I declare that I am under the age of 18 years and confirm that I am the person named on this form.

Signature	Date
_____	_____

I declare that I am the parent / guardian of the applicant named on this form who is under the age of 18 years. I approve this application and undertake to pay the fees and any course related costs (including all unreturned library items), as they become due.

Signature of Parent / Guardian	Date
_____	_____

Name of Parent / Guardian \_\_\_\_\_


Address (if different from applicant) \_\_\_\_\_

Home Phone \_\_\_\_\_

## I AM 18 OR OVER

I declare that I am 18 years of age or over and confirm that I am the person named on this form.

Signature	Date
_____	_____

 If you have changed your name since your last enrolment contract, have you enclosed your Marriage or Deed Poll certificate?

## OFFICE USE ONLY

Application:

☐ HOS recommends decline to Academic Director

☐ L1 or L2 eligibility check complete

Date \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

☐ Approved

☐ Entry not met

☐ Conditional

COMMENT