**CERTIFICATE COURSE IN SPECIFIC LEARNING DISABILITIES**

**Enrolment Form 2016**

This Application for Enrolment Form collects essential information and meets the requirements of the New Zealand Ministry of Education and other Government agencies. Please print your answers clearly, tick the appropriate boxes, sign and date the form; and enclose verified copies of the documents as required.

**Your application cannot be processed unless you complete all sections and enclose verified documents. The form can be completed electronically**. **Once completed, save, print off, sign and post with certified documentation to SPELD NZ.**

**National Student Number/NZQA**

Have you previously enrolled with NZQA?

Click here to enter text.

No  Yes: please provide your NSN/NZQA number:

**Personal Details: Please supply legal names as shown on your passport, birth or marriage certificate.**

Male  Female Date of Birth:

Click here to enter text.

|  |  |
| --- | --- |
| First names | Click here to enter text. |
| Preferred name | Click here to enter text. |
| Surname | Click here to enter text. |
| Previous name: (if changed since last enrolment) | Click here to enter text. |
| Home address (include postcode) | Click here to enter text. |
| Mobile number | Click here to enter text. |
| Home phone | Click here to enter text. |
| Email address (one which you can be contacted on during school holidays) | Click here to enter text. |
| Work phone number | Click here to enter text. |

**Delivery Address:** (Tick one box) Deliver my course materials and correspondence to:

Home Alternative postal address (specify below)

Click here to enter text.

**Emergency Contact:**

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Home Phone | Click here to enter text. |
| Address | Click here to enter text. |
| Mobile number | Click here to enter text. |
| Email | Click here to enter text. |
| Work Phone | Click here to enter text. |
| Relationship | Click here to enter text. |

**Citizenship and residency (verified documents required)**

Tick the box which best describes your citizenship or permanent residency status. If you have dual citizenship, the country of citizenship of the passport used to enter New Zealand. You will need to provide a certified copy of one of the following documents: NZ passport/Birth certificate/Certificate of Citizenship/current overseas passport with residency visa.

New Zealand citizen Australian Citizen

NZ Permanent Resident (State country of citizenship)

Click here to enter text.

Click here to enter text.

Other (please specify)

**Teacher registration**

Click here to enter text.

Click here to enter text.

Teachers’ Registration Council No: Expiry Date:

Status: Full Provisional Subject To Confirmation

**Tertiary Qualifications and Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Institution** | **Address of Institution** | **Qualification level, No. of Credits or Years to complete** | **Highest Qualification Gained** |
| **Private Training Establishment** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Polytechnic** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **University** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Work Experience:**

Please list your work experience with your last 2 employers, beginning with your most recent teaching positions held. If you were self-employed or not teaching, give details. If your recent work experience has not been in teaching, please give brief details of most recent previous teaching roles on a separate sheet and attach to the application

**Employer 1**

|  |  |
| --- | --- |
| Name of employer | Click here to enter text. |
| Address of employer | Click here to enter text. |
| Employment dates | Click here to enter text. |
| Name of last supervisor | Click here to enter text. |
| Phone number | Click here to enter text. |
| Position held: | Click here to enter text. |

If no longer in this position – reason for leaving (please be specific)

Click here to enter text.

List the roles you hold/held, duties you perform/ed, skills used or learned, advancements or promotions while you worked in this organisation:

Click here to enter text.

**Employer 2**

|  |  |
| --- | --- |
| Name of employer | Click here to enter text. |
| Address of employer | Click here to enter text. |
| Employment dates | Click here to enter text. |
| Name of last supervisor | Click here to enter text. |
| Phone number | Click here to enter text. |
| Position held: | Click here to enter text. |

If no longer in this position – reason for leaving (please be specific)

Click here to enter text.

List the roles you hold/held, duties you perform/ed, skills used or learned, advancements or promotions while you worked in this organisation:

Click here to enter text.

**Ethnicity**

To which ethnic group do you belong? (You may tick up to 3 boxes).

NZ European/ European/Pakeha Tongan Other Pacific Island

Niuean Chinese Samoan

Tokelauan Indian Cook Island Maori

Fijian Other Asian

NZ Maori (please specify which Iwi you identify with

Click here to enter text.

Other/ Other Asian/ Other Pacific Island (please specify)

Click here to enter text.

**Secondary School attended**

Click here to enter text.

Name of the last secondary school you attended:

What was your last year at secondary School?

Click here to enter text.

What is the highest level of achievement you hold from secondary school? Tick one box only

No formal secondary qualification or less than 12 credits at level 1

Overseas Qualification (includes International Baccalaureate & Cambridge Exams)

14 or more credits at any level

NCEA Level 1 or School Certificate  NCEA Level 2 or Sixth Form Certificate

University Entrance  NCEA Level 3 or Bursary or Scholarship

Other

Click here to enter text.

Click here to enter text.

Year qualification gained:

**Tertiary Study**

Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment or Wananga, either in New Zealand or overseas since leaving school? (Do not include enrolments in Community education programmes).

Yes- go directly to next section

No – what year did you first enrol in tertiary education?

Click here to enter text.

**Prior Activity**

What was your main activity or occupation as at **1 October last year**?

Secondary school student College of Education student

Non-employed/beneficiary (excluding retired)  House person or retired

Wage or salary worker  Overseas (irrespective of occupation)

Self-employed  Private Training Establishment student

University student  Wananga student

Polytechnic student

**Disability** *(this information will not affect your right to enrol; it will help us to assist you with your studies)*

Do you live with the effects of significant injury, long term illness or disability?

No

Yes, *please specify how your disability affects you*

Deaf Specific Learning Physical/mobility

Hearing  Medical Speech

Blind  Head Injury  Visual

Mental Health

Temporary(specify)

Click here to enter text.

Click here to enter text.

Other (specify)

Do you need specific support assistance or specialised equipment?

**What is/are your reason(s) for undertaking training with SPELD NZ?**

for professional development

for career/employment enhancement

for general interest / to learn more about SLD generally

to become a SPELD NZ teacher

*If you would like to add further comment, please submit your comments below or on a separate sheet.*

Click here to enter text.

**Course enrolment details**:

**Course Name**: SPELD NZ Certificate Course in Specific Learning Disabilities

**Course Fees**: $1850 (incl. GST)

**Course Number & Location** *Please tick the course you are applying for*.

16B01: Auckland 16BO2 Christchurch  2016 Online

On receipt of your Application for Enrolment, we will check your eligibility to enrol and for completeness of information. SPELD NZ will then confirm your eligibility to enrol and issue you with a Public Trust Fee Protection Contract which you must sign and return, with payment of fees in full to secure your place on the Course

How do you intend to pay for your fees? If you receive a scholarship and there is a shortfall you must tick more than one box.

Cheque payable to Public Trust

Deposit to: The Public Trust account:

Scholarship of $ from

Click here to enter text.

Click here to enter text.

Do not make payment until you have signed your public trust Fee Protection Contract

**Declaration**

I apply to be enrolled in the Course on this form. I acknowledge, understand and accept in signing this declaration that SPELD NZ Inc and associates have the right to cancel programmes and to limit student numbers in any course, cancel, postpone or re-schedule courses without notice, or otherwise vary this agreement, if the variation is caused by reasons beyond its control. I authorise SPELD NZ Inc to collect, store, use and disclose personal information about me in accordance with the Privacy Act 1993. The information provided by me in this form is true and correct. If this information is subsequently found to be false, my enrolment may be cancelled and I will be liable for any costs incurred by SPELD NZ Inc in cancelling my enrolment.

Click here to enter text.

Name: Signature

Date:

Click here to enter text.

**Checklist**

Have you completed all the sections of this form? Have you enclosed the following **certified** documents?

* NZ teacher’s registration card
* Your teaching or related qualification
* your NZ passport/ NZ birth certificate/ NZ permanent residency permit – *(if your overseas passport has expired, please provide a letter from NZ Immigration confirming your residency status)*
* Marriage certificate/ Dissolution of Marriage documentation if you have had a name change since your qualification was issued.
* Additional employment information.

*We are happy to accept scanned applications* ***but*** *the original application form and certified documents* ***must be posted*** *and received by SPELD NZ before enrolment can be confirmed.*

**Sent to:**

**SPELD NZ Southern Regional Office, PO Box 27-253, Shirley, Christchurch 8640**

**0800 773 536** [**southern@speld.org.nz**](mailto:southern@speld.org.nz)

*To obtain certified copies: photocopy your tertiary qualifications and the page of your passport containing name, date of birth, nationality etc. (If you are not a NZ citizen please also photocopy the page of your passport containing your NZ residency permit). Take your passport and qualifications and the photocopies to a solicitor, JP, Postmaster or school principal and have your photocopies certified correct.*