

## Enrolment Form

- Please complete all sections. If you are unsure of the answer to any question ask our staff. We are here to help.
- The following information is collected to enable us to enrol you in your choice of course.
- Some information is required by the Ministry of Education and other government agencies for statistical and registration purposes.

### Course you would like to study

Programme Name:

Course Location:

Start Date:    /    /

Finish Date:    /    /

Please Note: All courses are offered subject to sufficient enrolments being received.

<b>About you</b>	
Family Name:	
First Name(s):	
Preferred First Name:	
Previous Family Name:	
Title: Ms <input type="checkbox"/> Mr <input type="checkbox"/> Other (Please specify)	
Date of Birth    /    /    (dd/mm/yyyy)	Gender (Select one) Female Male Other
National Student or NZQA Number (If known) <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"/> <input type="checkbox"/>	

- Please Note: Your family name and first name as shown above must be the same name as on the support documents (Birth Certificate or Passport) you provide to us.
- If you have changed your family name from that shown on your support documents please also bring your marriage certificate or Deed Poll declaration.
- Your name, date of birth and residency 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 see <http://www.education.govt.nz/further-education/tertiary-administration/national-student-index-nsi/nsi-authorized-information-matching-programme/>

### Citizenship Details

To qualify as a domestic student, you must be a New Zealand citizen (includes Cook Islands, Tokelau or Niue), an Australian citizen or a permanent resident of New Zealand. Please tick one.

- |                                                |                                             |
|------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> New Zealand Citizen   | <input type="checkbox"/> Australian Citizen |
| <input type="checkbox"/> NZ Permanent Resident | <input type="checkbox"/> Other Specify..... |

<b>Contact Details</b>		
Home/Postal Address		
Postcode:	Phone No:	Mob No:
Email address:		
Work Address (Optional)		
Company Name		
Address		
Postcode:	Phone:	
<b>Emergency Contact</b>		
Name		
Address		
Phone No: Private	Work	Mob
Relationship:		

## Statistical Information

### Ethnic Origin

What ethnic groups do you belong to? You may tick as many boxes as apply to you.

- |                                                                  |                                                    |
|------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> European/Pakeha or New Zealand European | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> New Zealand Maori                       | <input type="checkbox"/> Tongan                    |
| <input type="checkbox"/> Cook Island Maori                       | <input type="checkbox"/> Tokelauan                 |
| <input type="checkbox"/> Nuie                                    | <input type="checkbox"/> Other Pacific Island      |
| <input type="checkbox"/> Fijian                                  | <input type="checkbox"/> Indian                    |
| <input type="checkbox"/> Chinese                                 | <input type="checkbox"/> Other Please specify..... |
| <input type="checkbox"/> Other Asian                             |                                                    |

If you identified yourself as New Zealand Maori what iwi do you affiliate strongly with?

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### Prior Activity

What was your MAIN activity or occupation in New Zealand on 1 October last year? (Please tick one box)

- |                                                                |                                                                         |
|----------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Secondary School Student              | <input type="checkbox"/> Non-employed or beneficiary (excludes retired) |
| <input type="checkbox"/> Wage or Salary Worker                 | <input type="checkbox"/> Self Employed                                  |
| <input type="checkbox"/> University Student                    | <input type="checkbox"/> Polytechnic Student                            |
| <input type="checkbox"/> College of Education Student          | <input type="checkbox"/> House person or retired                        |
| <input type="checkbox"/> Overseas (irrespective of occupation) | <input type="checkbox"/> Private Training Establishment Student         |
| <input type="checkbox"/> Wananga Student                       |                                                                         |

### Secondary Education

Name of your last secondary school (or state 'overseas', if applicable)

\_\_\_\_\_

Last year at secondary school: \_\_\_\_\_

Current Qualifications:

No formal secondary qualification

Or

Please tick those qualifications you hold

School Certificate

University Entrance

Higher School Certificate

A or B Bursary

Scholarship

6<sup>th</sup> Form Certificate

NCEA

12 credits or less at level 1 or higher or NCEA Level 1

12 or more credits at level 2 or NCEA level 2

A National Certificate at level 2 on the NQF

12 to 39 credits at level 3 or higher

NCEA level 3

Overseas qualification (Please give details) \_\_\_\_\_

\_\_\_\_\_  
 Other (Please specify)

\_\_\_\_\_

### Tertiary Education

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 STAR, community or hobby classes.

Yes  No If "no" please enter the year of your first enrollment \_\_\_\_\_

### Disability/Medical Details

The information you supply is confidential and will help us to help you and is required by the Ministry of Education for statistical purposes.

Do you live with the effects of significant injury, long term illness or disability?  Yes  No

Would you like your tutor to be informed?  Yes  No

Would you like to discuss your support needs?  Yes  No

In the event of an emergency, would you need help to evacuate the building?  Yes  No

If you feel it would be helpful for us to understand the nature of your illness/injury/disability please complete the section below.

#### Type

- |                                             |                                                       |
|---------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Hearing            | <input type="checkbox"/> Learning/Concentration       |
| <input type="checkbox"/> Mobility           | <input type="checkbox"/> Vision                       |
| <input type="checkbox"/> Medical            | <input type="checkbox"/> Communication/Speech/Written |
| <input type="checkbox"/> Other Specify..... |                                                       |

Any other health related information you feel it would be helpful for us to know.

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### English is not my first language

English is not my first language. My first language is (Please Specify) \_\_\_\_\_

### Literacy and Numeracy Assessment

I authorize you to use any prior TEC literacy & numeracy assessment information or assessment results available on the TEC website.

### Marketing Information

How did you find out about Fruition Horticulture Training courses?

- |                                                       |                                                         |
|-------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Employer                     | <input type="checkbox"/> Career advisor/teacher         |
| <input type="checkbox"/> Primary ITO                  | <input type="checkbox"/> Fruition Horticulture Brochure |
| <input type="checkbox"/> Newspaper advertisement      | <input type="checkbox"/> Fruition Horticulture student  |
| <input type="checkbox"/> Family/friends               | <input type="checkbox"/> Social media (eg Facebook)     |
| <input type="checkbox"/> Other (Please Specify) _____ |                                                         |

### Financial Details

I enclose my cheque for: \$ \_\_\_\_\_

My employer has already paid for me to attend the course. My employer is: \_\_\_\_\_

## Withdrawal Procedure

*Withdrawal after enrolment but before course commencement.*

Please contact Fruition Horticulture – Training and advise them as soon as possible that you will not be attending.

*Withdrawal after course has started:*

1. Talk to you Tutor, Regional Training Co-ordinator or National Training Manager.
2. If you still wish to withdraw you will need to complete a course withdrawal form.
3. You will be credited with any unit standards in which competency has been attained.

## Refund Policy

Refunds of course fees are at the discretion of Fruition Horticulture – Training. Provided a genuine reason is given for withdrawal in sufficient time refunds, less an administration fee, will not be unreasonably withheld. If course fees were paid by your employer this refund will be returned directly to them.

## Privacy Notice

Fruition Horticulture collects and holds personal information about students to comply with statutory requirements e.g. the Education Act. Fruition Horticulture may use the information provided in this form to send you information about courses that may be of interest to you.

Personal information collected on this form may be disclosed to academic and administration staff where relevant to their duties and also where relevant or required by law to other agencies such as the New Zealand Police, Accident Compensation Corporation, Ministry of Education, Tertiary Education Commission, New Zealand Qualifications Authority, Industry Training Organisations, Industry Licensing and Registration bodies and other tertiary institutions, previous secondary schools and providers of work experience in courses with a practical component.

You have the right to access and correct personal information about you which has been collected by us.

From time to time, staff may take photos of you to use in our promotional material. Please tick the box if you do not wish to have your photo published in our newsletters, website or any other publication.

I do not wish to have my photo taken

## Declaration

- I declare that the information provided by me on this form is complete and correct.
- I understand that failure to disclose required information or the supply of incorrect information may result in my enrolment not being processed or in my enrollment being cancelled.
- I consent to the disclosure of personal information as described above.
- I am keen to participate in and support a positive learning environment for myself and other students and staff.

Signature:	Date:     /     /
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## **What you as the learner must be told before you use the TEC Assessment Tools:**

- a) Data created by learners who are completing assessments is personal information as defined by the Privacy Act 1993. Therefore, please be advised as the learner that:
- b) the TEC is collecting information on the learner's literacy and numeracy skill levels;
- c) the purpose for collecting the information is to help you as the learner learn, and help you measure your performance and report on your progress to funders;
- d) the information will be disclosed to any tertiary education organisation that you as the learner enrolls with if you are enrolling in a foundation-level programme
- e) the TEC will hold the information (the TEC's address is PO Box 27-048, Wellington 6141);
- f) As the learner you may access the information by contacting the tertiary education organisation that undertook the assessment and learning with you in the first instance. If this is not available, as the learner you may access the information by contacting the TEC at [Privacy.Act@tec.govt.nz](mailto:Privacy.Act@tec.govt.nz); and
- g) If you as the learner accesses the information, and considers that any of the information is incorrect, you may ask the tertiary education organisation or the TEC to correct the information.