

2012 Certificate in Relaxation Massage

Domestic Student Application Form

PC 3094

- International students please contact administration for the International Student Application form
- Please send all application forms to Auckland Administration Centre, **PO Box 9865 Newmarket, Auckland 1149**
- Please note – we require **ALL information and documentation** as advised for **ALL** students
- Please answer every question under each section (SECTIONS A - G)

A. Personal Details

Surname/Family name		NZCM number <i>Office use only</i> <input type="text"/> NSI number if known <input type="text"/> IRD number for Student Loan Interest Write Off <input type="text"/>
First name/s		
Preferred name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth Day/Month/Year / /		

Postal Address	Post Code
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Phone	Mobile	Work
	Email	Home

Emergency contact	Name	Phone
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Citizenship New Zealand Citizen NZ Permanent Resident Australian Citizen Other*

**if other please contact administration for an international student application form*

Ethnicity

<input type="checkbox"/> African	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Tongan	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other Pacific Peoples
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> German	<input type="checkbox"/> Tokelauen	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Samoan	<input type="checkbox"/> Dutch	<input type="checkbox"/> Australian	<input type="checkbox"/> South Slav	<input type="checkbox"/> Other European
<input type="checkbox"/> Niuean	<input type="checkbox"/> Greek	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Indian	<input type="checkbox"/> Polish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Cook Island Māori
<input type="checkbox"/> Fijian	<input type="checkbox"/> Italian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> NZ European/Pakeha
			<input type="checkbox"/> NZ Māori - please specify	

Please note that your name, date of birth and residency as entered on this enrolment 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 please see www.nsi.govt.nz/ima

B. Academic and Vocational Information

Main activity as at October 1, 2011

<input type="checkbox"/> Secondary School Student	<input type="checkbox"/> Non-employed or Beneficiary (excl. 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"/> Wananga Student	<input type="checkbox"/> Private Training Establishment Student	

Tertiary Education In what year did you first study at a tertiary level? (If this is your first year put 2012)

Secondary School What was the name of the last secondary school you attended? (State overseas if applicable)

What was your last year at Secondary School? e.g. 1988

How did you hear about the College?

Careers Expo	<input type="checkbox"/>	Family/Friends	<input type="checkbox"/>	Internet	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____	

What is the highest academic qualification you hold from a Secondary School?

- No formal secondary school qualifications
- 14 or more credits at any level
- NCEA Level 1 or School Certificate
- NCEA Level 2 or 6th Form Certificate
- University Entrance
- NCEA Level 3 or Bursary or Scholarship
- Overseas qualification (includes International Baccalaureate & Cambridge Exams)
- Other _____
- Not known _____

Please specify if 'Overseas qualification' or 'Other' _____

C. Health The information you supply is confidential**Do you live with the effects of significant injury, long-term illness or disability?**

If yes, please specify

Yes No

Are you presently under the care of a physician, therapist or on medications of any kind?

If yes, please specify

Yes No

Health declaration: I declare that to the best of my knowledge I have no communicable diseases (e.g. HIV, Hepatitis) or physical or psychological impairments that will affect my ability to undertake study and/or **give and receive** massage safely.

Signed _____ **Dated** _____

PLEASE NOTE: If this declaration is not signed you will be contacted by the Certificate Coordinator for further information on your condition.

D. Language/Learning The information you supply is confidential**Do you have any language/learning difficulties?** e.g. reading, writing, dyslexia

If yes, please specify

Yes No

Is English your 2nd language?

If yes, please supply evidence of English language oral and written competency to Academic IELTS level 5.5 or above

Yes No

E. Financial Please ensure you post in the \$75 non-refundable enrolment fee with this application form.**Are you applying for a student loan?**

Yes No

Are you applying for a Training Incentive Allowance through WINZ?

Yes No

F. Course Enrolment - Section 1 :

Have you previously studied at NZCM?

Yes No

If no, you will be required to pay a \$75 non-refundable enrolment fee (see Section 7)

If yes, under what name did you study (if now different)? _____

Do you wish to apply for credit transfer / Recognition of Prior Learning for any previous courses?

Yes No

If yes, please attach a completed NZCM Recognition of Prior Learning form. Contact administration for a form.

Choose one study option

Part time Full time (complete Sections 4 & 7 only)

At which campus do you intend to study?

Auckland Wellington

Student Loans and Allowances

If you are applying for a student loan or allowance (fulltime students only) it is imperative that you contact Studylink (0800 88 99 00) as early as possible to ensure adequate time for processing. Studylink now handles all administration for loans/allowances directly with the student. Apart from the above documentation you will also need proof of your IRD number and a bank deposit slip. Student Loans cover the cost of course fees only and an additional amount is available for course related costs. The college name with Studylink is "**The New Zealand College of Massage**".

Privacy

The NZ College of Massage collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards). The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.

In addition, when required by statute, the NZ College of Massage releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that the NZ College of Massage will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the Registrar.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the NZ College of Massage to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <http://www.privacy.org.nz/people/peotop.html>

Fees

In signing this enrolment form you undertake to pay all fees as they become due and to meet any late fees and collection charges associated with debt recovery. You also agree to abide by the College's policy on withdrawals and refunds as set out in the prospectus.

Rules

In signing this enrolment form you undertake to comply with the published rules and policies of the College with regard to attendance, academic progress, standard of dress, health and safety, and behaviour. Please read the general information section of the prospectus.

Academic Requirements:

- Demonstrate competency in all assessment tasks.
- Minimum 95% attendance for all in-class hours. Exceptional circumstances may be negotiated.
- Completion of all assignments and case studies for classes by due date.
- Payment of all tuition and non-tuition fees.

Declaration

I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete. I agree to abide by the conditions as described above and I consent to the disclosure of personal information as described above. I will make myself familiar with the requirements in regard to student behaviour at NZCM. I will obey the Student Code of Conduct and acknowledge that if I breach this Code I will be subject to penalties imposed according to College Disciplinary Procedures.

G. Authorisation of Enrolment

Student signature

Date

Office Use Only

Date application received

All information received, declaration signed and student offered a place in the qualification Yes No

If No, what is required?

College Signature:

Date:

Designation within College: