

# 2012 Domestic Student Application Form (Year 1)

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- 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 - H)

**Diploma in Health Sciences (Reflexology) (AUCKLAND ONLY)**

**PC3122**

## A. Personal Details

Surname/Family name

First name/s

Preferred name

Gender  Male  Female

Date of Birth Day/Month/Year ...../...../.....

**NZCM number** *Office use only*

**NSI number** *if known*

**IRD number** *for student loan interest write off*

Postal Address

Post Code

Phone Mobile

Work

Email

Home

Emergency Contact Name

Phone

**Citizenship**  NZ 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"/> Korea         | <input type="checkbox"/> German     | <input type="checkbox"/> Tokelauan                           | <input type="checkbox"/> Middle Eastern        |
| <input type="checkbox"/> Samoaan | <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 Lanka                           | <input type="checkbox"/> NZ European/Pakeha    |
|                                  |  |                                     | <input type="checkbox"/> NZ Māori - please specify Iwi _____ |  |

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](http://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 work                   |
| <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  Family/Friends  Internet   
Newspaper  Other  \_\_\_\_\_

**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 a **significant injury, long-term illness, learning or other disability?**  Yes  No

If yes, please specify \_\_\_\_\_

**Are you presently under the care of a physician, therapist or on medication of any kind?**  Yes  No

If yes, please specify \_\_\_\_\_

**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 reflexology** safely.

**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_

**PLEASE NOTE:** If this declaration is not signed you will be contacted by the Student Liaison Manager 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 etc  Yes  No

If yes, please specify \_\_\_\_\_

**Is English your 2nd language?**  Yes  No

If yes, please supply evidence of English language oral and written competency to Academic IELTS Level **5.5 (Dip) / Level 6 (Deg)** or above

**E. Financial**

**Please ensure you post in the \$75 non-refundable enrolment fee with this application form**  Yes  No

**F. Course Enrolment****As per 2012 Prospectus:**

- I meet the entry criteria for this qualification, or
- I wish to apply for Discretionary entrance

**All applicants** - please read the General Information section on Pages 4-5 and ensure you sign and date the declaration on Page 5 of this form.

Interviews will commence in **DECEMBER**. You will be contacted to arrange a time.

Have you previously studied at NZCM?  Yes  No

If no, you will be required to pay a \$75 non-refundable enrolment fee

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**  Full time  Part time

**At which campus do you intend to study?**  Auckland

**Please tick your course and date choices.** \* Where there is more than one date choice put 1 or 2 indicating your first and second preference, only classes that meet minimum numbers will run.

COURSE LIST	FEES	DAYTIME CHOICES	EVENING/WEEKEND CHOICES
<input type="checkbox"/> Anatomy and Physiology 1 * (List in order of preference 1-2)	\$1,145	<b>Terms 1-4</b> <input type="checkbox"/> Tuesday 9am - 12.30pm	<b>Terms 1-4</b> <input type="checkbox"/> Thursday evenings 6.30pm - 10.00pm
<input type="checkbox"/> Surface Anatomy	\$195	<input type="checkbox"/> Request dates	<input type="checkbox"/> 16/17 June
<input type="checkbox"/> Clinical Therapeutics 1 *	\$985	<input type="checkbox"/> Request dates	<input type="checkbox"/> Weekends - see prospectus M1 - M2 - M3 - M4 - M5 -
<b>and</b> <input type="checkbox"/> First Aid - please choose one date			<input type="checkbox"/> 11/12 February <b>OR</b> <input type="checkbox"/> 19/20 May
<b>NZQA Unit Standards 6400, 6401 &amp; 6402</b> <b>and</b> <b>Elective* - must be completed in 2012</b> <input type="checkbox"/> Applied Aromatherapy			<input type="checkbox"/> 24/25 March <b>and</b> 19/20 May <b>OR</b> <input type="checkbox"/> 4/5 August <b>and</b> 29/30 September
<input type="checkbox"/> Clinical Reflexology 1 & 2, Anatomy, Pathology and Footcare	\$3,327		<input type="checkbox"/> 31 March/1 April, 5/6 May, 30 June / 1 July, 28/29 July, 25/26 August, 22/23 September, 27/28 October, 24/25 November PLUS student clinic
<input type="checkbox"/> Research Methodology 1 <b>Term 1 or Term 4 (Auckland only)</b>	\$486	<input type="checkbox"/> Request dates	<b>Term 3 &amp; 4</b> <input type="checkbox"/> Wednesday 6.30pm - 9.30pm
<input type="checkbox"/> Health Psychology 1	\$486	<input type="checkbox"/> Request dates	<b>Term 2 &amp; 3</b> <input type="checkbox"/> Saturdays 16 June, 21 July, 4, 18, 31 August, 1, 15, 29 September

## G. General Information

### Home Study

You need to allow home study hours to match the hours spent in class eg if a course is 6.5 hours per day allow 6.5 hours home study.

### Orientation Days

Auckland  Tuesday, 7 February

### Term Dates

<b>Term 1</b>	31/01/2012 - 05/04/2012	(Waitangi Day 06/02/12)
<b>Term 2</b>	23/4/2012 - 29/06/2012	(Anzac Day 25/04/12, Queen's Birthday 04/06/12)
<b>Term 3</b>	16/07/2012 - 28/09/2012	
<b>Term 4</b>	15/10/2012 - 14/12/2012	(Labour Day - 22/10/12)

\*Please note that if you choose to study part time through the evenings/weekends your timetabled weeks may differ slightly from the above.\*



**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 80% 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.

I consent to NZCM using my email provided for internal correspondence and reminders

I consent NZCM to use and display my photo and/or testimonials (including name) for the legitimate purposes of the college

**H: Authorisation to Proceed with Enrolment**

**Student signature:**

**Date**

**Office Use Only**

Date application received

Office checklist – information received

- Verified proof of name, date of birth and citizenship or permanent residency
- Two passport size photos
- Photocopy of highest educational qualification plus evidence of meeting entry criteria
- A typed C.V. including personal statement
- One recent character reference
- \$75 non-refundable enrolment fee

All information received and declaration signed? Yes / No

If NO, what is required? .....

Interview: Day ..... Time ..... With .....

Student offered a place in the qualification? Yes / No

College signature ..... Date .....

Designation within college .....

Date enrolment confirmation sent .....