

# 2010 Certificate in Allied Therapies Domestic Student Application Form

## PC9132

- International students please contact administration for the International Student Application form
- Please send all application forms to Auckland Administration Centre, 98 Carlton Gore Road, Newmarket, Auckland
- Please note – we require ALL information as advised for ALL students. If you have not previously studied at NZCM we will require additional enrolment information
- Please answer every question under each heading

### A. Personal Details

Surname/Family name		NZCM number if known	
First name/s		NSI number if known	
Preferred name			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Day/Month/Year / /
Postal Address		Post Code	
Phone	Work	Mobile	
	Home	Email	
Emergency contact	Name	Phone	
Citizenship	<input type="checkbox"/> New Zealand Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other		
if other please contact administration for an international student application form			

<b>Ethnicity</b>	<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"/> Tokelauen	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other Southeast Asian
<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"/> Other_____
<input type="checkbox"/> Niuean	<input type="checkbox"/> Greek	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Cook Island Māori	
<input type="checkbox"/> Indian	<input type="checkbox"/> Polish	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Japanese	<input type="checkbox"/> NZ European/Pakeha	
<input type="checkbox"/> Fijian	<input type="checkbox"/> Italian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Sri Lankan	<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

<b>Main activity as at October 1, 2009</b>		
<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 2010)		
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		
<b>What is the highest academic qualification you hold from a Secondary School?</b>		
<input type="checkbox"/> No formal secondary school qualifications	<input type="checkbox"/> 14 or more credits at any level	
<input type="checkbox"/> NCEA Level 1 or School Certificate	<input type="checkbox"/> NCEA Level 2 or 6th Form Certificate	
<input type="checkbox"/> University Entrance	<input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship	
<input type="checkbox"/> Overseas qualification_____	<input type="checkbox"/> Other_____	
Please specify if 'Overseas qualification' or 'Other'		

**How did you hear about the College?**

- Careers Expo     Family/Friends     Internet  
 Newspaper     Other \_\_\_\_\_

**C. Health** The information you supply is confidential

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

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

**Are you presently under the care of a physician, therapist or on medications 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** massage 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     Yes     No

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

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

If yes, please supply evidence of English language or and written competency to Academic IELTS Level 5 or above

At which campus do you intend to study?     Auckland     Wellington

**PLEASE NOTE** Some courses are available in Auckland only

**OPTIONAL COURSES** Please tick your course choices and select first and second date choices from the prospectus. The total credits should add up to 42 if you are enrolling for the full qualification.

**A. OPTIONAL COURSES** each worth 7 credits

<input checked="" type="checkbox"/> Course	Fee	First date choice	Second date choice
<input type="checkbox"/> Applied Aromatherapy	\$405		
<input type="checkbox"/> Holistic Pulsing	\$405		
<input type="checkbox"/> Massage and Sports Therapy	\$405		
<input type="checkbox"/> On-Site Chair Massage	\$405		
<input type="checkbox"/> Polarity/Energy Balancing (Auckland only)	\$425		
<input type="checkbox"/> Ortho-Bionomy	\$405		
<input type="checkbox"/> Reflexology	\$405		

**B. OPTIONAL COURSES** each worth 4 credits

<input checked="" type="checkbox"/> Course	Fee	First date choice	Second date choice
<input type="checkbox"/> Bach Flowers Remedies (Auckland only)	\$245		Not applicable
<input type="checkbox"/> Hot Stone Therapy	\$245		Not applicable
<input type="checkbox"/> Massage for Pregnancy and Infants	\$235		Not applicable
<input type="checkbox"/> Myo-Fascial Release (Auckland only)	\$235		Not applicable
<input type="checkbox"/> Reiki	\$245		

**C. OPTIONAL COURSES** each worth 2 credits

<input checked="" type="checkbox"/> Course	Fee	First date choice	Second date choice
<input type="checkbox"/> Deluxe Relaxation Massage	\$120		
<input type="checkbox"/> Facial Massage	\$120		
<input type="checkbox"/> Massage and Palliative Care	\$120		

## Application Checklist

To qualify as a **domestic** student, and so be entitled to the Government tuition subsidy, you must be a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) or a permanent resident of New Zealand or a citizen or permanent resident of Australia residing in New Zealand.

If the information requested by the College is not supplied, your application will be returned to you and subsequently, your enrolment delayed. Therefore, please ensure you have enclosed the following:

- All students must provide verified evidence of name, date of birth, and citizenship or permanent residency. (e.g. birth certificate, passport, statement of Whakapapa). Please note that if you have changed your name you will also need to provide verified evidence of this. If you have an active NSI number you do not need to supply this information.
- A \$50 non-refundable enrolment fee. This is only payable once. The FULL balance of fees for ALL courses you have enrolled in is due before the start of the first course in your qualification.
- Please ensure you sign and date the declaration below



## Declaration:

### Privacy

The NZ College of Massage collects and stores information 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 Organisation 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 Colleges 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

## E. Authorisation of Enrolment

Student signature:

Date:

I authorise the NZ College of Massage to debit my credit card as follows: (Visa and MasterCard only)

Credit Card number:             Expiry date: \_\_\_/\_\_\_

Name on Card: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Signature ..... Date .....

### Office Use Only

Date application received

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

If No, what is required? \_\_\_\_\_

College Signature:

Date:

Designation within College:

Confirmation sent: