

2010 NZCM Interest Course

Domestic Student Application Form

- 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 1023.
- Please note – we require ALL information and documentation as advised for ALL students.
- Please answer every question under each heading.

A. PERSONAL DETAILS

<p>Surname/Family name _____</p> <p>First name/s _____</p> <p>Preferred name _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of birth Day/Month/Year / /</p> <p>Postal address _____</p> <p>_____ Post Code _____</p> <p>Phone Work _____ Mobile _____</p> <p>Home _____ Email _____</p> <p>Emergency contact Name _____ Phone _____</p> <p>Citizenship <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> New Zealand permanent resident <input type="checkbox"/> Australian citizen <input type="checkbox"/> Other</p> <p>If other, please contact administration for an international student application form,</p> <p>Ethnicity</p> <table border="0"><tr><td><input type="checkbox"/> Chinese</td><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> German</td><td><input type="checkbox"/> Tokelaunen</td><td><input type="checkbox"/> Middle Eastern</td></tr><tr><td><input type="checkbox"/> Samoan</td><td><input type="checkbox"/> Dutch</td><td><input type="checkbox"/> Australian</td><td><input type="checkbox"/> South Slav</td><td><input type="checkbox"/> Other European</td></tr><tr><td><input type="checkbox"/> Niuean</td><td><input type="checkbox"/> Greek</td><td><input type="checkbox"/> Filipino</td><td><input type="checkbox"/> Other Asian</td><td><input type="checkbox"/> Cook Island Māori</td></tr><tr><td><input type="checkbox"/> Indian</td><td><input type="checkbox"/> Polish</td><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Japanese</td><td><input type="checkbox"/> NZ European/Pakeha</td></tr><tr><td><input type="checkbox"/> Fijian</td><td><input type="checkbox"/> Italian</td><td><input type="checkbox"/> Vietnamese</td><td><input type="checkbox"/> Sri Lankan</td><td><input type="checkbox"/> NZ Māori – please specify Iwi</td></tr><tr><td><input type="checkbox"/> African</td><td><input type="checkbox"/> British/Irish</td><td><input type="checkbox"/> Tongan</td><td><input type="checkbox"/> Latin American</td><td>_____</td></tr><tr><td><input type="checkbox"/> Other Pacific Peoples</td><td><input type="checkbox"/> Other SE Asian</td><td><input type="checkbox"/> Other</td><td>_____</td><td>_____</td></tr></table>	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> German	<input type="checkbox"/> Tokelaunen	<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"/> 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	<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"/> Other SE Asian	<input type="checkbox"/> Other	_____	_____	<p>OFFICE USE ONLY</p> <p>NZCM number</p> <p>_____</p> <p>NSI number if known</p> <p>_____</p> <p>IRD number for Student Loan Interest Write Off</p> <p>_____</p>
<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> German	<input type="checkbox"/> Tokelaunen	<input type="checkbox"/> Middle Eastern																																
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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 1 October 2009

<input type="checkbox"/> Secondary school student	<input type="checkbox"/> Wanaga student	<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"/> Non-employed or beneficiary (excl. retired)	<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 _____

What is the highest academic qualification you hold from a secondary school?

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

C. HEALTH The information you supply is confidential

Do you live with the effects of injury, long-term physical or mental 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.

Signature _____ Date _____

Please note: If this declaration is not signed you will be contacted by the Student Liaison 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 oral and written competency to Academic IELTS level 5 or above _____

E. COURSE ENROLMENT

At which campus do you intend to study? Choose ONE from the following. Auckland Wellington

ORIGINAL application form must be received. 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:

Verified* evidence of name, date of birth and citizenship or permanent residency (drivers licence not acceptable form of identification).

NZ Birth Certificate or NZ Passport or Overseas passport with NZ Residency

Please note that if you have changed your name you will need to provide verified evidence of this also. If you have an active NSI number you do not need to supply this information.

*Where a verified copy is required please have the original document sighted, and a photocopy then signed, by a Justice of the Peace (JP), a solicitor or NZCM Administration staff (Auckland). They are authorised to certify that the copy is a true copy of the original.

A \$50 non-refundable enrolment fee*. You can pay this using the credit card authorisation below or by posting in a cheque with your application. You can also pay by cash or EFTPOS at the Auckland Administration Centre during office hours (8.30 a.m.–5.00 p.m. Monday to Friday).

*NZCM charges a one-off non-refundable enrolment fee in addition to your course fees the first time you enrol.

Original application form and verified copies of documents must be mailed to us. A faxed/emailed copy will not be processed

I authorise the New Zealand College of Massage to debit my credit card as follows:

Credit card number: Expiry date: /

Name on card: Amount: \$

Signature: _____ Date: _____

The FULL balance of fees for ALL courses you have enrolled in is due before the start of the first course in your qualification. Retain a photocopy of the entire application for your own records. Sign and date the declaration on PAGE 4.

PLEASE GO TO PAGE 4 TO READ, SIGN AND DATE YOUR APPLICATION

Please check prerequisites for each course.

Course	Fee	First date choice	Second date choice
Massage Stage One (Intro to Massage)	\$132		
Massage Stage Two	\$185		
Massage Stage Three	\$195		
Massage Stage Four	\$200		
Massage Stage Five	\$235		
Human Anatomy and Physiology (Introduction)	\$1040		
First Aid	\$220		
Applied Aromatherapy	\$405		
Deluxe Relaxation Massage	\$120		
Facial Massage	\$120		
Holistic Pulsing	\$405		
Hot Stone Massage (Introduction)	\$245		
Lymphatic Drainage	\$430		
Massage and Palliative Care	\$120		
Massage for Pregnancy and Infants	\$235		
Massage and Sports Therapy	\$405		
Massage Practice Management	\$245		
On-site Chair Massage	\$405		
Ortho-Bionomy	\$405		
Polarity/Energy Balancing (Auckland only)	\$425		
Reflexology	\$405		
Reiki (Level One/1 st Degree)	\$245		
Reiki (Level Two/2 nd Degree)	\$245		
Total Course Fees			

One off Enrolment Fee (if applicable)	\$50		
Total Fees			

PLEASE TURN OVER TO READ, SIGN AND DATE YOUR APPLICATION

Declaration

Privacy

New Zealand 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 Institute 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 College 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 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 for more details.

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.

How did you find out about the New Zealand College of Massage?

Internet Newspaper Friend Expos Other _____

How did you find our website address? _____

Student signature _____ Date _____

OFFICE USE ONLY

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

If no, what is required? _____

College Signature _____ Date _____

Designation within College _____