

Enrolment Form



AVATAR INSTITUTE
OF LEARNING

20 Pohutukawa Place, Bell Block
PO Box 7015, New Plymouth 4341

Phone: 06 755 0558 ext 900
Fax: 06 755 2040
training@avatarinstitute.co.nz

Please read the instructions below carefully before you complete this enrolment form.

INSTRUCTIONS

The completed, signed enrolment form is a contract between Avatar Institute of Learning (Avatar) and the enrolling student. The enrolment form gains information needed to assess eligibility to enrol in a programme, module or Training Scheme at Avatar. Specific information is required by various Government agencies related to the tertiary education sector such as NZQA, Ministry of Social Development, Immigration New Zealand and the Nursing Council of New Zealand.

To be accepted, your enrolment must be complete by:

- Providing information in all relevant sections of this enrolment form.
- Writing your information clearly in pen, or by ticking the box that applies.
- Signing and dating the completed form.
- Attaching supporting documentation (evidence) required.

A PERSONAL DETAILS

A1	Family Name:	Print your full legal name							
	Given Name(s):								
A2	Preferred First Name:								
	Preferred Title	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (Specify):			
	Previous name(s): (formerly known as)								
A3	Date of birth:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19	<input type="text"/> <input type="text"/>	A4	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		day	month	year					
A5	If you know your National Student Number (NSN), please write it here:		<input type="text"/> - <input type="text"/> - <input type="text"/>						

Contact Details

A6	Home Address:	Postal Address: (if different from home address)
	Suburb:	Suburb:
	Town/City:	Town/City:
	Post Code:	Post Code:
	Phone Contact(s): ()	
	Email:	

A7	Next of Kin:	Name:	Phone: ()
	Next of Kin:	Name:	Phone: ()

A8 International students and students who reside outside Taranaki

Street Address:

Suburb:

Town/City:

Post Code:

NZ Mobile:

Health information and support needs

A9

Do you live with health conditions that require support during your study period?
 Yes No

If yes, please specify:

Do you have learning challenges that require support?
 Yes No

If yes, please specify your support needs:

Ethnicity

A10	What ethnic group(s) do you belong to? You may tick up to three boxes, which apply to you.	If you identified as New Zealand Māori in ethnicity, what is your Iwi?																																																																							
	<table border="0"> <tr><td><i>NZ European/Pakeha</i></td><td><input type="checkbox"/> 111</td><td><i>Filipino</i></td><td><input type="checkbox"/> 411</td></tr> <tr><td><i>New Zealand Māori</i></td><td><input type="checkbox"/> 211</td><td><i>Cambodian</i></td><td><input type="checkbox"/> 412</td></tr> <tr><td><i>Samoan</i></td><td><input type="checkbox"/> 311</td><td><i>Vietnamese</i></td><td><input type="checkbox"/> 413</td></tr> <tr><td><i>Cook Island Māori</i></td><td><input type="checkbox"/> 321</td><td><i>Other Southeast Asian</i></td><td><input type="checkbox"/> 414</td></tr> <tr><td><i>Tongan</i></td><td><input type="checkbox"/> 331</td><td><i>Chinese</i></td><td><input type="checkbox"/> 421</td></tr> <tr><td><i>Niue</i></td><td><input type="checkbox"/> 341</td><td><i>Indian</i></td><td><input type="checkbox"/> 431</td></tr> <tr><td><i>Tokelauen</i></td><td><input type="checkbox"/> 351</td><td><i>Sri Lankan</i></td><td><input type="checkbox"/> 441</td></tr> <tr><td><i>Fijian</i></td><td><input type="checkbox"/> 361</td><td><i>Japanese</i></td><td><input type="checkbox"/> 442</td></tr> <tr><td><i>Other Pacific Peoples</i></td><td><input type="checkbox"/> 371</td><td><i>Korean</i></td><td><input type="checkbox"/> 443</td></tr> <tr><td><i>British/Irish</i></td><td><input type="checkbox"/> 121</td><td><i>Other Asian</i></td><td><input type="checkbox"/> 444</td></tr> <tr><td><i>Dutch</i></td><td><input type="checkbox"/> 122</td><td><i>Middle Eastern</i></td><td><input type="checkbox"/> 511</td></tr> <tr><td><i>Greek</i></td><td><input type="checkbox"/> 123</td><td><i>Latin American</i></td><td><input type="checkbox"/> 521</td></tr> <tr><td><i>Polish</i></td><td><input type="checkbox"/> 124</td><td><i>African</i></td><td><input type="checkbox"/> 531</td></tr> <tr><td><i>South Slav</i></td><td><input type="checkbox"/> 125</td><td><i>Other</i></td><td><input type="checkbox"/> 611</td></tr> <tr><td><i>Italian</i></td><td><input type="checkbox"/> 126</td><td><i>Not Stated</i></td><td><input type="checkbox"/> 999</td></tr> <tr><td><i>German</i></td><td><input type="checkbox"/> 127</td><td></td><td></td></tr> <tr><td><i>Australian</i></td><td><input type="checkbox"/> 128</td><td></td><td></td></tr> <tr><td><i>Other European</i></td><td><input type="checkbox"/> 129</td><td></td><td></td></tr> </table> <p>Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other".</p>	<i>NZ European/Pakeha</i>	<input type="checkbox"/> 111	<i>Filipino</i>	<input type="checkbox"/> 411	<i>New Zealand Māori</i>	<input type="checkbox"/> 211	<i>Cambodian</i>	<input type="checkbox"/> 412	<i>Samoan</i>	<input type="checkbox"/> 311	<i>Vietnamese</i>	<input type="checkbox"/> 413	<i>Cook Island Māori</i>	<input type="checkbox"/> 321	<i>Other Southeast Asian</i>	<input type="checkbox"/> 414	<i>Tongan</i>	<input type="checkbox"/> 331	<i>Chinese</i>	<input type="checkbox"/> 421	<i>Niue</i>	<input type="checkbox"/> 341	<i>Indian</i>	<input type="checkbox"/> 431	<i>Tokelauen</i>	<input type="checkbox"/> 351	<i>Sri Lankan</i>	<input type="checkbox"/> 441	<i>Fijian</i>	<input type="checkbox"/> 361	<i>Japanese</i>	<input type="checkbox"/> 442	<i>Other Pacific Peoples</i>	<input type="checkbox"/> 371	<i>Korean</i>	<input type="checkbox"/> 443	<i>British/Irish</i>	<input type="checkbox"/> 121	<i>Other Asian</i>	<input type="checkbox"/> 444	<i>Dutch</i>	<input type="checkbox"/> 122	<i>Middle Eastern</i>	<input type="checkbox"/> 511	<i>Greek</i>	<input type="checkbox"/> 123	<i>Latin American</i>	<input type="checkbox"/> 521	<i>Polish</i>	<input type="checkbox"/> 124	<i>African</i>	<input type="checkbox"/> 531	<i>South Slav</i>	<input type="checkbox"/> 125	<i>Other</i>	<input type="checkbox"/> 611	<i>Italian</i>	<input type="checkbox"/> 126	<i>Not Stated</i>	<input type="checkbox"/> 999	<i>German</i>	<input type="checkbox"/> 127			<i>Australian</i>	<input type="checkbox"/> 128			<i>Other European</i>	<input type="checkbox"/> 129		
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A11	<p>What was the name of the last secondary school you attended? State "overseas", if applicable</p> <hr/> <p>What was your last year at secondary school? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>What is the highest level of achievement you hold from a secondary school? <i>Your highest achievement may be a "traditional" award such as School Certificate, or you may have achieved a number of credits or a national qualification on the New Zealand Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box.</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">No formal secondary qualifications <input type="checkbox"/> 00</td> <td style="width: 50%;">14 or more credits at any level <input type="checkbox"/> 11</td> </tr> <tr> <td>NCEA Level 1 or School Certificate <input type="checkbox"/> 12</td> <td>NCEA Level 2 or 6th Form Certificate <input type="checkbox"/> 13</td> </tr> <tr> <td>University Entrance <input type="checkbox"/> 14</td> <td>NCEA Level 3 or Bursary or Scholarship <input type="checkbox"/> 15</td> </tr> <tr> <td>Other <input type="checkbox"/> 98</td> <td>Not Known <input type="checkbox"/> 99</td> </tr> <tr> <td>Overseas qualification <input type="checkbox"/> 09</td> <td></td> </tr> </table>	No formal secondary qualifications <input type="checkbox"/> 00	14 or more credits at any level <input type="checkbox"/> 11	NCEA Level 1 or School Certificate <input type="checkbox"/> 12	NCEA Level 2 or 6 th Form Certificate <input type="checkbox"/> 13	University Entrance <input type="checkbox"/> 14	NCEA Level 3 or Bursary or Scholarship <input type="checkbox"/> 15	Other <input type="checkbox"/> 98	Not Known <input type="checkbox"/> 99	Overseas qualification <input type="checkbox"/> 09	
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A12	<p>Tick one box only to show your MAIN activity or occupation in New Zealand prior to start of course?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Secondary school student <input type="checkbox"/> 01</td> <td style="width: 50%;">Unemployed <input type="checkbox"/> 07</td> </tr> <tr> <td>Wage or salary worker <input type="checkbox"/> 02</td> <td>Beneficiary <input type="checkbox"/> 08</td> </tr> <tr> <td>University student <input type="checkbox"/> 03</td> <td>Self-employed <input type="checkbox"/> 09</td> </tr> <tr> <td>College of Education student <input type="checkbox"/> 04</td> <td>Polytechnic student <input type="checkbox"/> 10</td> </tr> <tr> <td>Overseas (irrespective of occupation) <input type="checkbox"/> 05</td> <td>Private Training Establishment student <input type="checkbox"/> 11</td> </tr> <tr> <td>Wānanga student <input type="checkbox"/> 06</td> <td>Raising family <input type="checkbox"/> 12</td> </tr> </table>	Secondary school student <input type="checkbox"/> 01	Unemployed <input type="checkbox"/> 07	Wage or salary worker <input type="checkbox"/> 02	Beneficiary <input type="checkbox"/> 08	University student <input type="checkbox"/> 03	Self-employed <input type="checkbox"/> 09	College of Education student <input type="checkbox"/> 04	Polytechnic student <input type="checkbox"/> 10	Overseas (irrespective of occupation) <input type="checkbox"/> 05	Private Training Establishment student <input type="checkbox"/> 11	Wānanga student <input type="checkbox"/> 06	Raising family <input type="checkbox"/> 12
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B PROGRAMME DETAILS

B1	Programme Title:	<input type="checkbox"/> Healthcare Level 2 (New Zealand Certificate) <input type="checkbox"/> Healthcare Level 3 (New Zealand Certificate)		
B2	Modules: (Healthcare Level 2)	<input type="checkbox"/> Being a Support Worker <input type="checkbox"/> Working Safely <input type="checkbox"/> Personal Care and Support <input type="checkbox"/> Workplace Communication		
B3	Modules: (Healthcare Level 3 electives)	<input type="checkbox"/> Caring for the Elderly <input type="checkbox"/> Dementia Care <input type="checkbox"/> Palliative Care <input type="checkbox"/> Wellness Interventions, Care and Support		
B4	Training Schemes	<input type="checkbox"/> Skills for Healthcare Level 2		
B5	Competency Assessment Programme (NZ Nursing Council)	<input type="checkbox"/> CAP		
B6	Other			
B7	Start Date:	End Date:		
B8	Have you studied at Avatar Institute of Learning before? If "yes", what is your student ID number?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Yes <input type="checkbox"/></td> <td style="width: 50%;">No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>			

C CITIZENSHIP, RESIDENCY AND VISAS	
C1	<p>To qualify as a domestic student, 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. You must provide evidence of citizenship or permanent residency and to do so you must produce one of the following:</p> <ul style="list-style-type: none"> ▪ Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue. ▪ New Zealand passport. ▪ Certificate of citizenship or letter of confirmation. ▪ Overseas passport with residency stamp. <p>You can provide original documentation to the Training Coordinator or provide a certified copy of each document. Certified copies are those verified as being a true and accurate copy by a Justice of the Peace (JP), Solicitor, Minister of the Church, General Practitioner or School Principal for example.</p> <p>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: http://nsi.education.govt.nz/home.aspx</p>
C2	<p>Tick the box to show your citizenship:</p> <p>New Zealand Citizen <input type="checkbox"/> NZL Australian Citizen <input type="checkbox"/> AUS</p> <p>Other <input type="checkbox"/></p> <p>If you have marked "Other", please specify: _____</p> <p>If you have dual citizenship, specify the country of citizenship of the passport used to enter New Zealand: _____</p> <p>Visa conditions for international students</p> <p>Tick the box to show the type of Visa you hold:</p> <p>Working Visa <input type="checkbox"/> Student Visa <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If you ticked other, please specify: _____</p> <p>Insurances for international students</p> <p>Tick the box to show insurance you are covered for and provide evidence:</p> <p>a. <input type="checkbox"/> Travel</p> <p>b. <input type="checkbox"/> Medical</p> <p>c. <input type="checkbox"/> Repatriation (the return of someone to their own country)/Expatriation</p> <p>d. <input type="checkbox"/> Death</p> <p>Company Name: _____</p> <p>Policy No: _____ Phone Number: _____</p> <p>Company Name: _____</p> <p>Policy No: _____ Phone Number: _____</p>

D DECLARATION

Please ensure you have provided all required supporting document with this enrolment form.

Privacy

Avatar Institute of Learning collects and stores information from this form to comply with the requirements of various Government and education agencies including the Ministry of Education, New Zealand Qualifications Authority, Industry Training Organisations, Immigration New Zealand, Ministry of Social Development and the Nursing Council of New Zealand. 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, as required Avatar 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 disclosure of your information on the understanding that Avatar will observe the general conditions governing the release of information as set out in the Privacy Act 1993. You have the right to request any information held on your student file. To do so, please contact the Training Coordinator.

Fees

In signing this enrolment form you undertake to pay all fees as they become due. Avatar's policy on withdrawal and refund of fees may be obtained from Training Coordinator.

Rules

In signing this enrolment form you undertake to comply with Avatar's policies and procedures including attendance, academic progress, standard of dress, health and safety, and code of conduct.

Declaration

I declare that to the best of my knowledge all the information supplied with, this enrolment form is true and complete.

I agree to abide by the conditions described above.

I consent to the disclosure of personal information as described above.

Signature

_____/_____/_____

Date

➤ Please make sure that you sign your enrolment form above ◀

Office Use Only

<i>Entry criteria met</i>	<i>Supporting documents approved</i>	<i>Details entered in databases</i>
_____ _____/_____/_____	_____ _____/_____/_____	_____ _____/_____/_____



Reference Checks

Please complete this form carefully and return it with your application.

Please provide details of two (2) referees we can contact by either post or phone.

- If you have recently left school, please ensure one (1) referee is the **Principal of that school**
- If you are (or have been) employed, please ensure one (1) referee is **your most recent employer**
- If you are presently employed in any type of support worker or caregiver role, please ensure one (1) referee is the **Nurse Manager**

*Please note: Family members and people residing at your address are **NOT** considered appropriate referees.*

Referee One:

Name:	
Position:	
Organisation:	
Address:	
Phone work:	

Referee Two:

Name:	
Position:	
Organisation:	
Address:	
Phone work:	

Your referees will help us decide if the qualification/programme of study is suitable for you. The information provided by the referees will be held in the strictest confidence.



Reference questionnaire questions

These are the questions that will be given to your referees. They cover a broad range of areas. Each area is designed to assist the selection panel on the suitability of the qualification/programme of study for you.

Name of referee:

Position held:

Organisation:

Type of reference: Written (post) Verbal (phone) *please circle one*

Signature of caller:

Date:

Relationship of referee to applicant

How long have you known the applicant?

What position did they have with you?

Personal Qualities

Place an X in the space on the scale which best indicates your assessment of the applicant in relation to each of the following qualities.

1	2	3	4	5	6
Honest					Dishonest
Mature					Immature
Reliable					Unreliable
Caring					Self-centred
Tolerant					Intolerant
Accepts responsibility					Avoids responsibility
Leadership potential					Unlikely to lead

Any further comments on the applicant's personal qualities you would like to make:



Interpersonal relationships

Did he/she have effective interpersonal relationships?

Relationship with peers:

Relationship with people in authority:

Consideration of others:

Attitudes to work or study

How well did they perform their role?

What number of sick days would have been taken whilst employed?

Attendance of In-service/Training session

Keenness to learn

What are his/her particular strengths?

Are there any particular areas of weakness?

General

Anything further comments that you would like to make:

Would you willingly re-employ the applicant?

Yes No

Why?

The information is held in the strictest confidence. Should the applicant request this information, do you consent to the information being made available to them?

Yes No



Name of referee:

Position held:

Organisation:

Type of reference: Written (post) Verbal (phone) *please circle one*

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Yes No



Document Checklist for CAP Enrolment

Please ensure the following documents are attached to your Enrolment Form.

Your enrolment cannot be confirmed until all these items have been received by the Training Coordinator.

Applicant's Name: _____ Date: _____

Evidence	Sent	Date
Completed Enrolment Form		
Completed Medical Declaration/Screening Form		
Copy of MRSA results (only if you have these)		
Completed Self-Declaration Form		
Current Curriculum Vitae (CV)		
NZ Police Clearance Certificate		
A letter from present employer - Evidence of employment in NZ or an English speaking country, of a minimum of 6 months in a healthcare setting.		
Copy of the letter from NCNZ		
Certified copy of IELTS/OET result		
Certified copy of your passport		
Certified copy of work visa		
Police Clearance Certificate from the country where the applicant holds current registration		
Completed literacy and numeracy exercises including a 200-300 word written paragraph.		
Completed 'Keeping the patient safe' questionnaire		

Applicant's Signature: _____ Date: _____