

# Enrolment Form



**AVATAR INSTITUTE**  
OF LEARNING

PO Box 7015, New Plymouth 4341

Phone: 06 755 0558 ext 905

training@avatarinstitute.co.nz

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

## INSTRUCTIONS

The completed, signed enrolment form is the learning 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 full and 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 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): <i>(formerly known as)</i>				
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"/>
		<i>day</i>	<i>month</i>	<i>year</i>	
A5	If you know your National Student Number (NSN), please write it here:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <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: ( )

**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 indicate how you would like Avatar to support you:

**Ethnicity**

A10	What ethnic group(s) do you belong to? <b>You may tick up to three boxes, which apply to you.</b>	<b>If you identified as New Zealand Māori in ethnicity, what is your Iwi?</b>																																																																							
	<table border="0"> <tr> <td>NZ European/Pakeha</td> <td><input type="checkbox"/> 111</td> <td>Filipino</td> <td><input type="checkbox"/> 411</td> </tr> <tr> <td>New Zealand Māori</td> <td><input type="checkbox"/> 211</td> <td>Cambodian</td> <td><input type="checkbox"/> 412</td> </tr> <tr> <td>Samoan</td> <td><input type="checkbox"/> 311</td> <td>Vietnamese</td> <td><input type="checkbox"/> 413</td> </tr> <tr> <td>Cook Island Māori</td> <td><input type="checkbox"/> 321</td> <td>Other Southeast Asian</td> <td><input type="checkbox"/> 414</td> </tr> <tr> <td>Tongan</td> <td><input type="checkbox"/> 331</td> <td>Chinese</td> <td><input type="checkbox"/> 421</td> </tr> <tr> <td>Niue</td> <td><input type="checkbox"/> 341</td> <td>Indian</td> <td><input type="checkbox"/> 431</td> </tr> <tr> <td>Tokelauen</td> <td><input type="checkbox"/> 351</td> <td>Sri Lankan</td> <td><input type="checkbox"/> 441</td> </tr> <tr> <td>Fijian</td> <td><input type="checkbox"/> 361</td> <td>Japanese</td> <td><input type="checkbox"/> 442</td> </tr> <tr> <td>Other Pacific Peoples</td> <td><input type="checkbox"/> 371</td> <td>Korean</td> <td><input type="checkbox"/> 443</td> </tr> <tr> <td>British/Irish</td> <td><input type="checkbox"/> 121</td> <td>Other Asian</td> <td><input type="checkbox"/> 444</td> </tr> <tr> <td>Dutch</td> <td><input type="checkbox"/> 122</td> <td>Middle Eastern</td> <td><input type="checkbox"/> 511</td> </tr> <tr> <td>Greek</td> <td><input type="checkbox"/> 123</td> <td>Latin American</td> <td><input type="checkbox"/> 521</td> </tr> <tr> <td>Polish</td> <td><input type="checkbox"/> 124</td> <td>African</td> <td><input type="checkbox"/> 531</td> </tr> <tr> <td>South Slav</td> <td><input type="checkbox"/> 125</td> <td>Other</td> <td><input type="checkbox"/> 611</td> </tr> <tr> <td>Italian</td> <td><input type="checkbox"/> 126</td> <td>Not Stated</td> <td><input type="checkbox"/> 999</td> </tr> <tr> <td>German</td> <td><input type="checkbox"/> 127</td> <td></td> <td></td> </tr> <tr> <td>Australian</td> <td><input type="checkbox"/> 128</td> <td></td> <td></td> </tr> <tr> <td>Other European</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>	NZ European/Pakeha	<input type="checkbox"/> 111	Filipino	<input type="checkbox"/> 411	New Zealand Māori	<input type="checkbox"/> 211	Cambodian	<input type="checkbox"/> 412	Samoan	<input type="checkbox"/> 311	Vietnamese	<input type="checkbox"/> 413	Cook Island Māori	<input type="checkbox"/> 321	Other Southeast Asian	<input type="checkbox"/> 414	Tongan	<input type="checkbox"/> 331	Chinese	<input type="checkbox"/> 421	Niue	<input type="checkbox"/> 341	Indian	<input type="checkbox"/> 431	Tokelauen	<input type="checkbox"/> 351	Sri Lankan	<input type="checkbox"/> 441	Fijian	<input type="checkbox"/> 361	Japanese	<input type="checkbox"/> 442	Other Pacific Peoples	<input type="checkbox"/> 371	Korean	<input type="checkbox"/> 443	British/Irish	<input type="checkbox"/> 121	Other Asian	<input type="checkbox"/> 444	Dutch	<input type="checkbox"/> 122	Middle Eastern	<input type="checkbox"/> 511	Greek	<input type="checkbox"/> 123	Latin American	<input type="checkbox"/> 521	Polish	<input type="checkbox"/> 124	African	<input type="checkbox"/> 531	South Slav	<input type="checkbox"/> 125	Other	<input type="checkbox"/> 611	Italian	<input type="checkbox"/> 126	Not Stated	<input type="checkbox"/> 999	German	<input type="checkbox"/> 127			Australian	<input type="checkbox"/> 128			Other European	<input type="checkbox"/> 129		
NZ European/Pakeha	<input type="checkbox"/> 111	Filipino	<input type="checkbox"/> 411																																																																						
New Zealand Māori	<input type="checkbox"/> 211	Cambodian	<input type="checkbox"/> 412																																																																						
Samoan	<input type="checkbox"/> 311	Vietnamese	<input type="checkbox"/> 413																																																																						
Cook Island Māori	<input type="checkbox"/> 321	Other Southeast Asian	<input type="checkbox"/> 414																																																																						
Tongan	<input type="checkbox"/> 331	Chinese	<input type="checkbox"/> 421																																																																						
Niue	<input type="checkbox"/> 341	Indian	<input type="checkbox"/> 431																																																																						
Tokelauen	<input type="checkbox"/> 351	Sri Lankan	<input type="checkbox"/> 441																																																																						
Fijian	<input type="checkbox"/> 361	Japanese	<input type="checkbox"/> 442																																																																						
Other Pacific Peoples	<input type="checkbox"/> 371	Korean	<input type="checkbox"/> 443																																																																						
British/Irish	<input type="checkbox"/> 121	Other Asian	<input type="checkbox"/> 444																																																																						
Dutch	<input type="checkbox"/> 122	Middle Eastern	<input type="checkbox"/> 511																																																																						
Greek	<input type="checkbox"/> 123	Latin American	<input type="checkbox"/> 521																																																																						
Polish	<input type="checkbox"/> 124	African	<input type="checkbox"/> 531																																																																						
South Slav	<input type="checkbox"/> 125	Other	<input type="checkbox"/> 611																																																																						
Italian	<input type="checkbox"/> 126	Not Stated	<input type="checkbox"/> 999																																																																						
German	<input type="checkbox"/> 127																																																																								
Australian	<input type="checkbox"/> 128																																																																								
Other European	<input type="checkbox"/> 129																																																																								

<b>B PROGRAMME DETAILS</b>	
<b>B1</b>	Programme Title: <input type="checkbox"/> Healthcare Level 2 (New Zealand Certificate) <input type="checkbox"/> Healthcare Level 3 (New Zealand Certificate)
<b>B2</b>	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
<b>B3</b>	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
<b>B4</b>	Micro Credential <input type="checkbox"/> Working Safely in Residential Care (Level 2)
<b>B5</b>	Micro Credential <input type="checkbox"/> Competence Assessment Programme (CAP)
<b>B6</b>	Other
<b>B7</b>	Start Date: _____ End Date: _____
<b>B8</b>	Have you studied at Avatar Institute of Learning before? Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "yes", what is your student ID number? _____
<b>C TERMINATION OF ENROLMENT</b>	
<b>C1</b>	<p>A student's enrolment (learning contract) may be terminated by Avatar for any one of the following reasons:</p> <ul style="list-style-type: none"> <li>▪ Continued and unexplained absenteeism.</li> <li>▪ Provision of false or misleading information by the student on enrolment.</li> <li>▪ Insufficient academic progress.</li> <li>▪ Failure to pay fees.</li> <li>▪ Criminal behaviour either on Avatar's premises or any other premise during the enrolment period.</li> <li>▪ Inability to engage and complete assessment work for reasons such as illness or family obligations, where the student cannot make up learning hours required to demonstrate the required competencies.</li> <li>▪ Serious breaches of the Code of Conduct or programme regulations such as cheating or plagiarism.</li> <li>▪ Breach of visa conditions (international students).</li> </ul>

## D CITIZENSHIP AND RESIDENCY

D1

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:

- **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.**

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.

**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>

**Tick the box to show your citizenship:**

New Zealand Citizen  NZL                      Australian Citizen  AUS  
Other

If you have marked "Other", please specify:

If you have dual citizenship, specify the country of citizenship of the passport used to enter New Zealand:

<b>E VISAS AND INSURANCE</b> (International students only)																			
<b>E1</b>	<p><b>Visas</b></p> <p>For information on visas and visa conditions refer to Immigration New Zealand's website:  <a href="https://www.immigration.govt.nz/new-zealand-visas/options/study">https://www.immigration.govt.nz/new-zealand-visas/options/study</a></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"/>      Visitor Visa – Critical Purpose <input type="checkbox"/>            Other <input type="checkbox"/></p> <p>If you ticked other, please specify:</p> <p>Is your visa valid for the period of the programme you are enrolling in?            Yes <input type="checkbox"/>      No <input type="checkbox"/></p>																		
<b>E2</b>	<p><b>Insurance Requirements</b></p> <p>International students must have appropriate insurance before arriving in New Zealand that covers <b>all</b> items the follow:</p> <p><b>(a) The student's travel:</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">(i) to and from New Zealand;</td> <td style="width: 20%; text-align: right;">and</td> </tr> <tr> <td>(ii) within New Zealand;</td> <td style="text-align: right;">and</td> </tr> <tr> <td>(iii) if the travel is part of the course, outside New Zealand;</td> <td style="text-align: right;">and</td> </tr> </table> <p><b>(b) Medical care in New Zealand</b>, including diagnosis, prescription, surgery, and hospitalisation; and</p> <p><b>(c) Repatriation or expatriation</b> of the student as a result of serious illness or injury, including cover of travel costs incurred by family members assisting repatriation or expatriation;      and</p> <p><b>(d) Death of the student</b>, including cover of</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">(i) travel costs of family members to and from New Zealand;</td> <td style="width: 20%; text-align: right;">and</td> </tr> <tr> <td>(ii) costs of repatriation or expatriation of the body;</td> <td style="text-align: right;">and</td> </tr> <tr> <td>(iv) funeral costs.</td> <td></td> </tr> </table> <p>Avatar recommends that students use Uni-Care's New Zealand Student Plan. Uni-Care is a division of Crombie Lockwood and provides insurance packages specially designed to meet the needs and requirements of international students in New Zealand. Uni-Care's information can be viewed at this link: <a href="https://www.uni-care.org/documents/brochures.aspx">https://www.uni-care.org/documents/brochures.aspx</a></p> <p><b>Existing Insurance Cover</b></p> <p>Tick the box and provide evidence of the insurance cover you have:</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> <table style="width: 100%; border: none; margin-top: 20px;"> <tr> <td style="width: 50%;">Company:</td> <td style="width: 50%;">Company:</td> </tr> <tr> <td>Policy No:</td> <td>Policy No:</td> </tr> <tr> <td>Phone:</td> <td>Phone:</td> </tr> </table>	(i) to and from New Zealand;	and	(ii) within New Zealand;	and	(iii) if the travel is part of the course, outside New Zealand;	and	(i) travel costs of family members to and from New Zealand;	and	(ii) costs of repatriation or expatriation of the body;	and	(iv) funeral costs.		Company:	Company:	Policy No:	Policy No:	Phone:	Phone:
(i) to and from New Zealand;	and																		
(ii) within New Zealand;	and																		
(iii) if the travel is part of the course, outside New Zealand;	and																		
(i) travel costs of family members to and from New Zealand;	and																		
(ii) costs of repatriation or expatriation of the body;	and																		
(iv) funeral costs.																			
Company:	Company:																		
Policy No:	Policy No:																		
Phone:	Phone:																		

**F DECLARATION**

Please ensure you attach all required documentation with this enrolment form. Refer to the Document Checklist for Enrolment provided by Avatar.

**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 2020. You have the right to request any information held on your student file. To do so, please contact the Training Manager.

**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 the Training Manager.

**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>
_____  _____/_____/_____	_____  _____/_____/_____	_____  _____/_____/_____