

International Student Application Form

Welcome to ATMC NZ. Please read the instructions below carefully before you complete this Application Form

INSTRUCTIONS

The purpose of this Application form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which are required by the Ministry of Education and other Government agencies for statistical and registration reasons. Please fill in the form properly by:

- ✓ Completing all sections of the form.
- ✓ Printing your answers clearly in pen, or by ticking the box that applies for multi-choice questions.
- ✓ Signing the form.
- ✓ **International Students to provide list of documents as per the list at the end of the form.**

Start Date: ____/____/____ End Date: ____/____/____	<input type="checkbox"/> Have you studied with ATMC NZ before?
Onshore <input type="checkbox"/> Offshore <input type="checkbox"/>	Agent details:

Personal Details

Preferred title:	Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (Specify): _____
Print your full legal name:	_____
Family Name	_____
Given Name(s):	_____
Preferred Name:	_____
Previous name(s) known by:	_____
Date of birth:	<input type="checkbox"/> <input type="checkbox"/> day <input type="checkbox"/> <input type="checkbox"/> month <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> year Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse <input type="checkbox"/>
Home Phone: (____) _____	Mobile: (____) _____ Email: _____

Current Residential Address: Tick if this is your main address

Street Address: _____

Suburb: _____

Country: _____ Post code: _____

Permanent Home Address:

Street Address: _____

Suburb: _____

Country: _____ Post code: _____



<input type="checkbox"/> Bachelor of Applied Management – 118204 Yr 1 <input type="checkbox"/> ARTS110M Others & Self: Philosophy & Psychology <input type="checkbox"/> MAN110M Intercultural Communication and Organisational Behaviour <input type="checkbox"/> ARTS120M Self & Others: Sociology & Media Studies <input type="checkbox"/> MAN120M New Enterprise Development & Small Business Yr 2 <input type="checkbox"/> ARTS210M Critical Thinking and Problem Solving <input type="checkbox"/> MAN210 Strategic Management & Marketing <input type="checkbox"/> ARTS220M Anthropology <input type="checkbox"/> MAN220M Sustainable Practice and Operations Management Yr3 <input type="checkbox"/> MAN300M Managing Projects <input type="checkbox"/> MAN310M Innovation & Entrepreneurship <input type="checkbox"/> MAN350 Management Capstone Project	<input type="checkbox"/> Bachelor of Applied Arts (Digital Media Strand) – 118203 Yr 1 <input type="checkbox"/> ARTS110A Others & Self: Philosophy & Psychology <input type="checkbox"/> ARTS120A Self & Others: Sociology & Media Studies <input type="checkbox"/> FDM110 Self & Others: Art History & Constructing Digital Images <input type="checkbox"/> FDM120 Others & Self: Production Project Yr 2 <input type="checkbox"/> ARTS210A Critical Thinking and Problem Solving <input type="checkbox"/> DIG210 Digital Image Creation 1 <input type="checkbox"/> ARTS220A Anthropology <input type="checkbox"/> DIG220 Digital Image Creation 2 Yr3 <input type="checkbox"/> MAN300A Managing Projects <input type="checkbox"/> MAN310A Innovation & Entrepreneurship <input type="checkbox"/> DIG350 Digital Media Capstone Project	
<input type="checkbox"/> Diploma in Business (Level 7) – 108575 <input type="checkbox"/> BB332 Operations, Risk and Quality Management <input type="checkbox"/> BB365 Innovation and Entrepreneurship <input type="checkbox"/> BB333 Human Resource Management Electives (select one): <input type="checkbox"/> BB332 Supply Chain Management <input type="checkbox"/> BB331 Fundamentals of Tourism <input type="checkbox"/> BB301 Governance, Law and Ethics	<input type="checkbox"/> Diploma in Management (Healthcare) (Level 7) – 120513 <input type="checkbox"/> MAN320 Operations, Risk and Quality Management <input type="checkbox"/> BUS330 Health Services Management <input type="checkbox"/> MAN340 Support Planning for Geriatric and Mental Health Conditions <input type="checkbox"/> MAN330 Human Resource Management <input type="checkbox"/> MAN360 Related Learning Experience (Work Experience)	<input type="checkbox"/> Diploma in Software Development (Level 7) – 118237 <input type="checkbox"/> DSE780 Application Development Project Electives (select two): <input type="checkbox"/> DSE790 Web and Cloud Application Development <input type="checkbox"/> DSE770 Robotics and Internet of Things (IoT) <input type="checkbox"/> DSE760 Business Intelligence and Databases <input type="checkbox"/> DSE720 Mobile Application Development and DSE730 Desktop Application Development

International Students. Please note that the offer of place is subject to a valid visa being granted to the applicant. Also students **must** have purchased full and comprehensive Medical and Travel Insurance policy that covers:

- (a) the student’s travel, the full duration of their travel to and from New Zealand; and within New Zealand;
- (b) medical care in New Zealand, including diagnosis, prescription, surgery, and hospitalisation; and
- (c) repatriation or expatriation 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
- (d) death of the student, including cover of:
 - (i) the travel costs of family members to and from New Zealand;
 - (ii) the costs of repatriation or expatriation of the body; and
 - (iii) any funeral expenses.

The above is taken from the Education (Pastoral Care of International Students) Code of Practice 2016, Section 16.5.



ACADEMIC INFORMATION

3a	Secondary School:	<p>What was the name of the last secondary school you attended?</p> <p style="text-align: right;">Country: <input type="text"/></p> <p>What was your last year at secondary school? <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>What is the highest level of achievement you hold from a secondary school? Your highest achievement may be a "traditional" award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you the standards, credits and qualifications you have achieved. Tick only one box.</p> <p><i>No formal secondary qualifications</i> <input type="checkbox"/> 00</p> <p><i>14 or more credits at any level</i> <input type="checkbox"/> 11</p> <p><i>NCEA Level 1 or School Certificate</i> <input type="checkbox"/> 12</p> <p><i>NCEA Level 2 or 6th Form Certificate</i> <input type="checkbox"/> 13</p> <p><i>University Entrance</i> <input type="checkbox"/> 14</p> <p><i>NCEA Level 3 or Bursary or Scholarship</i> <input type="checkbox"/> 15</p> <p><i>Overseas qualification (includes International Baccalaureate & Cambridge Exams)</i> <input type="checkbox"/> 09</p> <p><i>Other</i> <input type="checkbox"/> 98</p> <p><i>Not Known</i> <input type="checkbox"/> 99</p> <p>Please specify if "Overseas qualification" or "Other".</p>												
3b	Prior activity:	<p>What was your MAIN activity or occupation in New Zealand at 1 October 2018? You may tick only one box.</p> <p><i>Secondary school student</i> <input type="checkbox"/> 01 <i>Non-employed or beneficiary (excluding retired)</i> <input type="checkbox"/> 02</p> <p><i>Wage or salary worker</i> <input type="checkbox"/> 03 <i>Self-employed</i> <input type="checkbox"/> 04</p> <p><i>University student</i> <input type="checkbox"/> 05 <i>Polytechnic student</i> <input type="checkbox"/> 06</p> <p><i>House-person or retired</i> <input type="checkbox"/> 08 <i>Overseas (irrespective of occupation)</i> <input type="checkbox"/> 09</p> <p><i>Private Training Establishment student</i> <input type="checkbox"/> 11 <i>Wānanga student</i> <input type="checkbox"/> 12</p>												
3c	Tertiary Study:	<p>Will this be the first year you have ever enrolled in a University, Institute of Technology Polytechnic, Institute of Technology College of Education, Industry Training Organisation, Government Training Establishment, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments in community classes.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered "No", please enter the name of the organisation you studied at and the year of your first enrolment:</p> <p>Name: _____ Year: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>What year do you expect to complete the academic requirements of your course/s in order to graduate with your qualification?</p> <p>Year: <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>												
3d	Prior Achievement :	<p>Please list all of the tertiary qualifications you hold, the month and year you completed each and the tertiary education organisation that it was completed at.</p> <p>Alternatively attach your academic transcript from the tertiary education organisation and/or a copy of your NZQA record of achievement.</p> <table border="1" data-bbox="247 1868 1524 2051"> <thead> <tr> <th>Tertiary education organisation</th> <th>Qualification</th> <th>Month and year of completion</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Tertiary education organisation	Qualification	Month and year of completion									
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MEDICAL

5a	Medical	<p>In the interests of your safety, do we have permission to speak to your health care professional if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>I (student name) _____ give permission for ATMC NZ to contact my health professional for health and safety reasons. Signed: _____ Date: _____</p> <p>Healthcare professional/Doctor practice: _____ Contact number: _____</p>												
5b	Disability ¹ :	<p>Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, complete the Disability Support Registration Form.</p> <p>This information has no bearing on your application and is only used to improve our services to students.</p> <p>For further information visit. www.atmcnz.ac.nz</p> <p>Type of Disability (Tick as applicable):</p> <table border="1" data-bbox="245 1057 1560 1281"> <tr> <td><input type="checkbox"/> Blind</td> <td><input type="checkbox"/> Hearing</td> <td><input type="checkbox"/> Mobility</td> <td><input type="checkbox"/> Vision</td> </tr> <tr> <td><input type="checkbox"/> Deaf</td> <td><input type="checkbox"/> Medical</td> <td><input type="checkbox"/> Specific learning</td> <td><input type="checkbox"/> Other, please describe</td> </tr> <tr> <td><input type="checkbox"/> Head Injury</td> <td><input type="checkbox"/> Mental health</td> <td><input type="checkbox"/> Speech</td> <td>_____</td> </tr> </table>	<input type="checkbox"/> Blind	<input type="checkbox"/> Hearing	<input type="checkbox"/> Mobility	<input type="checkbox"/> Vision	<input type="checkbox"/> Deaf	<input type="checkbox"/> Medical	<input type="checkbox"/> Specific learning	<input type="checkbox"/> Other, please describe	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Mental health	<input type="checkbox"/> Speech	_____
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INTERNATIONAL ONLY

6a	Language	<p>Is English your first language <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, have you been tested in English (e.g. TOEFL, PTE academic, IELTS, or completed NZCEL or other English qualification)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, Test name: _____ Result: _____ Date: _____</p> <p>Was this test within the last 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6b	Passport/ Visa	<p>Passport Number: _____ Passport Expiry Date: _____</p> <p>Passport Country: _____</p>

¹ The completion of this section is not compulsory



6c	Health Care/ Medical Insurance	<p>By law, any student holding a student visa is required to have medical and travel insurance for the period of stay in New Zealand.</p> <p>Do you need ATMC NZ Colleges to arrange medical and travel insurance for you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the insurance will cover the whole of your period of stay in New Zealand.</p> <p>Do you have any injury, illness or disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you suffer from depression or anxiety? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any other health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Health Care Organisation: _____</p> <p>Health Care Number (Policy Number): _____</p> <p>Health Care Start Date: _____</p> <p>Health Care Expiry Date: _____</p>
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STATEMENT OF PURPOSE DETAILS:

Provide a brief record of your employment history by listing the names of all employers, job designations and commencement and end dates to indicate the duration of each employment position held: (If none, write N/A)

Give reasons for any gaps of one year or more in your academic and/or employment history: (if none, write N/A)

Give reasons, why you have chosen this course and explain how this doing this course will substantially improve your career prospects.

In order to explain your immigration history, give reasons for any previous international travel undertaken; describe the associated visas granted to you and state whether you have complied with each visa and not overstayed or breached any visa conditions: (If no travel history, write N/A)



STUDY IN NEW ZEALAND SECTION:

How have you compared study in New Zealand with other countries?

Why have you chosen to study in New Zealand?

What research have you conducted about living in Auckland?

What have you chosen to study at ATMC NZ? How have you compared ATMC NZ with other education providers in New Zealand?

What family, social or economic ties do you have with your home country? Explain whether these ties would compel you to return to your home country following your studies and post study work opportunities (if applicable)

Disclose any exceptional circumstances related to you (or your spouse, if relevant) that may impact on your student visa: (for example, previous study in a different country, special needs you may have or health and medical issues affecting your previous study.



DECLARATION AND SIGNATURE

Please read the following declaration and sign below.

- I agree to abide by the statutes, regulations and policies of ATMC NZ and understand that any breaches of these will result in expulsion. I am aware that this agreement is subject to the laws of New Zealand.
- I declare that the information I have supplied on this form and any attached documentation to be true and complete and that I have personally completed the form. I have not withheld information which could have a bearing on my enrolment or the conditions of my enrolment. I acknowledge that ATMC NZ may suspend or terminate my enrolment if false information has been supplied or required information is not supplied by the due date. ATMC NZ reserves the right to inform all other New Zealand education institutions, Immigration New Zealand, New Zealand Police, and other government agencies, of such cases including the student's name and date of birth.
- I understand that all documents submitted with this application become the property of ATMC NZ and will not be returned to applicants. I agree to supply further documentation requested by ATMC NZ for the purpose of my enrolment and I authorise ATMC NZ to release information regarding my application to Immigration New Zealand (INZ) and the Department of Labour where ATMC NZ considers the information relevant to my immigration status.
- I authorise any agency holding the source of any information I have provided on this form to release that information to ATMC NZ upon request.
- I acknowledge receipt of the Student Handbook which includes the conditions of enrolment, Code of Practice and the Withdrawal and Refunds Policy. I have read, understood and agreed to these conditions.
- 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. ATMC NZ's policy on withdrawal and refund of fees is published in the Student Handbook.

Signature _____

Date ____/____/____

Print Name _____

If you are under 18 years of age* at the time of application, this form must also be signed by a parent or guardian

Parent or Guardian Signature _____

Date ____/____/____

Parent or Guardian Name _____

(Office Use Only)

Signature on behalf of ATMC NZ _____

Date ____/____/____



Declaration

I hereby certify that the information above, which has been supplied in support of my student visa application to assist me to demonstrate that I satisfy INZ's Bona Fide compliance requirements, has been completed in my own words and handwriting and is a true and correct account.

I understand that if any incorrect, misleading or non-genuine information is found in this Statement of Purpose (SOP), my student visa application will be refused.

Signature

Name

Citizenship

Date

Date of Birth

Passport No.

NOTE: All students will be subject to an interview to assess their knowledge and interest in the course and their future goals.

APPENDIX

List of documents to be presented by International Students

Personal & Academic

- Completed Application form
- Complete Passport copy
- Agent Certified copy of all Academic Certificates & Academic Transcripts (10th/12th & Graduation)
- Agent Certified copy of the English Test Score
- Translations of Academic Certificates & Academic Transcripts (if applicable)
- Statement of Purpose

Financial Documents

- Evidence of sufficient funds for tuition and living expenses
- Certified copy of Bank Statements from Sponsor/s
- Certified copy of Government issued identity proof of sponsor/s
- Proof of relationship with sponsor/s
- Evidence of ownership of any assets used as collateral of sponsor/s

