File Code: FR-001

Aotearoa New Zealand

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 programme at our institution. We also need to collect information from you required by the Ministry of Education and other government agencies for statistical and registration purposes. Please ensure you complete this form to the best of your ability, by:

- Completing all sections of the form
- Printing your answers clearly in pen, or ticking (✓) the box that applies for multi-choice questions
- Signing the form

International Students to provide a list of documents as per the list at the end of the form.

Have you studied with ATMC NZ before? ☐ No ☐ Yes, my ATMC NZ ID no: ATZ ☐☐☐☐☐☐☐	Student ID Number (Office use only) ATZ ☐☐☐☐☐☐☐
☐ Offshore (Living Overseas) ☐ Onshore (Currently in New Zealand)	**Agent Company Name & Seal:**
NSN (if available): ☐☐☐ - ☐☐☐-☐☐☐	

A. PERSONAL DETAILS

Preferred title	Ms ☐ Miss ☐ Mrs ☐ Mr ☐ Other (Specify): _____		
Given Name(s)		Middle Name	
Family Name			
Maiden Name		Preferred Name	
Previous name(s) known by			
Date of Birth	DD / MM / YYYY	Gender	☐ Male ☐ Female ☐ Gender not listed here
Mobile		Home Phone	
Email			

Permanent Home Address (in **your home country**)	Address while studying (in **New Zealand**) *Pease write NZ address if known. If not, please leave it blank.
Street:	Unit details (if applicable):
	Street:
Suburb / Town:	Suburb / Town:
City / Region: Post code:	City / Region: Post code:
Country:	New Zealand

B. PROGRAMME & INTAKE

Please tick (✓) programme of choice.

Intake Date: DD / MM / YYYY

❑ **Bachelor of Applied Management (Level 7)**	❑ **Diploma in Software Development (level 7)**
❑ **Bachelor of Applied Arts (Digital Media Production) (Level 7)**	❑ **New Zealand Diploma in Healthcare (Management (Level 7)**
❑ **Bachelor of Applied Arts (Film Production) (Level 7)**	❑ **New Zealand Diploma in Health and Wellbeing (Applied Practice) (Level 5)**

C. ACADEMIC INFORMATION

SECONDARY SCHOOL

What was the name of the last secondary school/ high school you attended? _____

What year was your last year at secondary school/high school? ☐☐☐☐ Country: _____

TERTIARY STUDY

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 high school? **Do not** include enrolments in community classes.

❑Yes ❑No, please enter the name of the institution you studied at and the year of your first enrolment:

Name of institution: _____ Year of your first enrolment: ☐☐☐☐

Prior Achievement

Please list all of the tertiary qualifications you hold, including the month and year completed and the tertiary education organisation that it was completed at. Alternatively attach your academic transcript from the tertiary education organisation and/or a copy of your NZQA record of achievement

Tertiary education organisation	Qualification	Month and year of completion

What year do you expect to complete the academic requirements of your course/s in order to graduate with your qualification? Year:

Year: ☐☐☐☐

LANGUAGE What is your first language? _____

If you have been tested in English (e.g. TOEFL, PTE academic, IELTS academic) please submit your score report with this form.

D. CITIZENSHIP and RESIDENCY / You may need to supply evidence of residence or citizenship.

Tick the box which best describes your citizenship

❑ New Zealand Citizen ❑ Australian ❑ Other (country of citizenship) _____

Please specify your country of citizenship (for students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand).

Tick the box if you have New Zealand or Australian Permanent Residency Status:

❑ New Zealand Resident / Permanent Resident ❑ Australian Resident / Permanent Resident

Passport details	Passport number		**Visa Details**	Visa number	
	Passport expiry date	DD / MM / YYYY		Visa Type	
	Passport country			Visa Expiry	DD / MM / YYYY

E. NEXT OF KIN / EMERGENCY CONTACT DETAILS

Local (New Zealand)	Relationship		**International (Overseas)**	Relationship	
	Name			Name	
	Address			Address	
	Mobile			Mobile	
	Email			Email	

F. MEDICAL

DISABILITY

The information you supply is confidential. This information has no bearing on your application and is only used to improve our services to students. For further information visit. www.atmc.ac.nz

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

Type of Disability (Tick as applicable):

❑Hearing/Deaf ❑Learning ❑Vision ❑Speech
❑Physical/Mobility ❑Mental Health ❑Medical Condition ❑Other (please describe)
❑Intellectual ❑Acquired Brain Impairment ❑Head Injury _____

In the interests of your safety, do we have permission to speak to your health care professional if necessary?

❑*No* ❑*Yes - please provide the details below:*

I (student name) _____give permission for ATMC NZ to contact my health professional for health and safety reasons.

Healthcare professional /Doctor practice: _____Contact number: (Country Code):_____

Signed: _____Date: DD / MM / YYYY

By law, any student holding a student visa is required to have medical and travel insurance for the period of stay in New Zealand.

Do you need ATMC NZ to arrange medical and travel insurance for you? ❑ Yes ❑ No

If yes, the insurance will cover the whole of your period of stay in New Zealand.

Do you have any injury, illness or disability? ❑ Yes ❑ No

Do you have any allergies? ❑ Yes ❑ No

Do you suffer from depression or anxiety? ❑ Yes ❑ No

Do you have any other health concerns? ❑ Yes ❑ No

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 school learner'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 Tertiary and International Learners) Code of Practice 2021, Part 7 65. Process 5.

G. PRIVACY

ATMC NZ collects and stores information from this form to:

- Manage the business of ATMC NZ (including internal reporting, administrative processes and to select scholarship and prize winners)
- Comply with the requirements of the Education Act 1989 and other legislation[1] relating to the maintenance of records.
- Supply information to government agencies and other organisations as set out below.

In signing this application form you authorise such disclosure on the understanding that ATMC NZ will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact us at welcome@atmc.ac.nz.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires ATMC NZ 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/privacy-act

Supply of information to government agencies and other organisations

ATMC NZ supplies data collected on this form to government agencies, including:

- Ministry of Education
- Education New Zealand
- New Zealand Qualifications Authority (NZQA)
- Tertiary Education Commission
- Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans)
- Immigration New Zealand and the Ministry of Business, Innovation and Employment (for those who are not New Zealand citizens or permanent residents)
- Agencies which support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

These agencies use the data collected from tertiary education organisations to:

- Administer the tertiary education system, including allocating funding
- Develop policy advice for government
- Conduct statistical analysis and research

Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993. When required by law, ATMC NZ releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC). Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

[1] This includes legislation governing the maintenance of official records and for accountability for public funding.

H. REFUND INFORMATION

If a student wants to withdraw from the programme, they must apply in writing using a Student Withdrawal Request Form at the reception. Refunds are payable to the student, and are NOT transferrable to another student. The following refund arrangements apply.

For programmes with a duration of 12 weeks or more (International):	For programmes with a duration of 12 weeks or more (Domestic):
• Student withdrawal before the end of the 10th working day of the programme commencing: Full refund of the total amount less cost incurred up to 25%. • Student withdrawal after the 10th working day of the programme commencing: No refund.	• Student withdrawal before the end of the 8th day of the programme commencing: The sum of the student paid less a deduction of the lesser of 10% of the fees paid or $500. • Student withdrawal after the 8th working day of the programme commencing: No refund.

I. 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 breach of these will result in expulsion. I am aware that this agreement is subject to the laws of New Zealand.
- I acknowledge receipt of the Student Handbook which includes the conditions of enrolment, Code of Practice and ATMC NZ's Withdrawal and Refund Policy. I have read, understood and agreed to these conditions.
- By signing this application form, I undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. I understand that ATMC NZ's policy on withdrawal and refund of fees is published in the Student Handbook. I declare 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 if required information is not supplied by the due date. I understand that ATMC NZ reserves the right to inform all other New Zealand education institutions, Immigration New Zealand, the 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 me. 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 Ministry of Business, Innovation & Employment where ATMC NZ considers the information relevant to my immigration status.
- I authorise any agency holding any information I have provided on this form to release that information to ATMC NZ upon request.
- I hereby certify that the information above, which has been supplied 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 or, misleading information is found in the Statement of Purpose (SOP), my student visa application may be refused. I understand that I may be required to undertake an interview to assess my knowledge and interest in the course and my future goals.

*Signature*_____

*Print Name*_____ *Date*___/_____/_____

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*_____

*Print Name*_____ *Date*___/_____/_____

(Office Use Only)	
*Signature on behalf of ATMC NZ*_____	*Date*___/_____/_____

List of documents to be presented by International students. Tick (✓) if received	
❑ Completed Application Form	❑ Completed Statement of Purpose in Application Form
❑ Verified copy of all Academic Certificates & Academic Transcripts (in English)	❑ Verified copy of the English Test Score
❑ Verified Copy of complete Passport (Front & Back Page and any pages show travel history)	