

Please read the instructions below carefully before you complete this Statement of Purpose Form.

INSTRUCTIONS

The purpose of this form is to help ATMC NZ understand why you are applying for the programme you selected and assess whether the programme likely to meet your needs. Please ensure you:

- complete all sections of the form
- print your answers clearly in pen
- sign the form.

This form must be written by the student applying for the programme.

A. PERSONAL DETAILS

Preferred title	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Mr <input type="checkbox"/>	Other (Specify): _____
Given Name(s)					
Middle Name					
Family Name					
Date of Birth	DD / MM / YYYY	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Diverse
Mobile Number		Home Phone			
Email Address					

B. PROGRAMME

Please tick (✓) programme of choice.

- | | |
|---|---|
| <input type="checkbox"/> Bachelor of Applied Management (Level 7) | <input type="checkbox"/> Diploma in Software Development (LEVEL 7) |
| <input type="checkbox"/> Bachelor of Applied Arts (Digital Media) (Level 7) | <input type="checkbox"/> Diploma in Management (HEALTHCARE) (LEVEL 7) |

G. STATEMENT OF PURPOSE DETAILS

1. 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)

Name of employers (from most recent)	Job designation	Commencement date	End date	Duration of employment

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



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

4. 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)

Type of visa (e.g. work, tourist)	Country	Complied with the visa condition (✓)		If NO, please provide reason for visa decline
		YES	NO	
		YES	NO	
		YES	NO	
		YES	NO	

H. STUDY IN NEW ZEALAND SECTION

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

2. Why have you chosen to study in New Zealand?

3. What research have you conducted about living in Auckland?

4. Why have you chosen to study at ATMC NZ?



5. How have you compared ATMC NZ with other education providers in New Zealand?

6. 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)

7. 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).

K. DECLARATION AND SIGNATURE

Please read the following declaration and sign below.

- 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 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. All students will be subject to an interview to assess their knowledge and interest in the course and their 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 _____

Date ____/____/____

Parent or Guardian Name _____

(Office Use Only)

Signature on behalf of ATMC NZ _____

Date ____/____/____

