

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 a list of documents as per the list at the end of the form.

Have you studied with ATMC NZ before? <input type="checkbox"/> No <input type="checkbox"/> Yes, my ATMC NZ ID no: ATZ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Student ID Number (Office use only) ATZ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
If you have previously enrolled at this organisation under another name, what was that name?		Agent (Company Name)
<input type="checkbox"/> Offshore (Living overseas)	<input type="checkbox"/> Onshore (Currently in New Zealand)	Agent Company Seal:
NSN (if available): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

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			
Maiden Name			
Preferred Name			
Previous name(s) known by			
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			
Permanent Home Address (in your home country)		Address while studying (in New Zealand)	
Street:		Unit details:	
		Street:	
Suburb / Town:		Suburb / Town:	
City / Region:		City / Region:	
Post code:		Post code:	
Country:		Country:	



B. PROGRAMME & INTAKE		Please tick (✓) programme of choice.
Intake Date: DD / MM / YYYY		
<input type="checkbox"/> Bachelor of Applied Management (Level 7) <input type="checkbox"/> Bachelor of Applied Arts (Digital Media) (Level 7)	<input type="checkbox"/> Diploma in Software Development (LEVEL 7) <input type="checkbox"/> Diploma in Management (HEALTHCARE) (LEVEL 7)	

C. ACADEMIC INFORMATION

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

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

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>

<input type="checkbox"/> 00 - No formal secondary qualifications	<input type="checkbox"/> 09 - Overseas qualification (includes International Baccalaureate & Cambridge Exams) (Please specify _____)
<input type="checkbox"/> 11 - 14 or more credits at any level	<input type="checkbox"/> 98 - Other (Please specify _____)
<input type="checkbox"/> 12 - NCEA Level 1 or School Certificate	<input type="checkbox"/> 99 - Not Known
<input type="checkbox"/> 13 - NCEA Level 2 or 6 th Form Certificate	
<input type="checkbox"/> 14 - University Entrance	
<input type="checkbox"/> 15 - NCEA Level 3 or Bursary or Scholarship	

PRIOR ACTIVITY
 What was your MAIN activity or occupation in New Zealand at 1 October 2018? You may tick only one box.

<input type="checkbox"/> 01 - Secondary school student	<input type="checkbox"/> 08 - House-person or retired
<input type="checkbox"/> 02 - Non-employed or beneficiary (excluding retired)	<input type="checkbox"/> 09 - Overseas (irrespective of occupation)
<input type="checkbox"/> 03 - Wage or salary worker	<input type="checkbox"/> 11 - Private Training Establishment student
<input type="checkbox"/> 04 - Self-employed	<input type="checkbox"/> 12 - Wānanga student
<input type="checkbox"/> 05 - University student	
<input type="checkbox"/> 06 - Polytechnic student	

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

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

Name of school: _____ Year of your first enrolment:

Prior Achievement
 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. 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:

LANGUAGE What is your first language? _____ If you have been tested in English (e.g. TOEFL, PTE academic, IELTS academic) please state results.							
Test name				Overall			
Listening		Reading		Writing		Speaking	
Test Date	DD / MM / YYYY			Expiry date of English Test score	DD / MM / YYYY		

D. MEDICAL

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

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
 If yes, complete the Disability Support Registration Form.

Type of Disability (Tick as applicable):

<input type="checkbox"/> Hearing/Deaf	<input type="checkbox"/> Acquired Brain Impairment	<input type="checkbox"/> Other (please describe)
<input type="checkbox"/> Physical /Mobility	<input type="checkbox"/> Vision	_____
<input type="checkbox"/> Intellectual	<input type="checkbox"/> Medical Condition	_____
<input type="checkbox"/> Learning	<input type="checkbox"/> Head Injury	_____
<input type="checkbox"/> Mental health	<input type="checkbox"/> Speech	_____

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you suffer from depression or anxiety? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have any other health concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No	Health Care Organisation: _____
	Health Care Number (Policy Number): _____
	Health Care Start Date: DD / MM / YYYY
	Health Care Expiry Date: DD / MM / YYYY

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.
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E. 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

For Domestic only

IWI

If you identified as New Zealand Maori, what is the name of your IWI?

IWI: _____ Rohe (IWI home area): _____

IWI: _____ Rohe (IWI home area): _____

You may enter more than one IWI. If you do not know your IWI, please enter "Don't Know".

ETHNICITY

What ethnic group (s) do you belong to? You may tick up to three boxes, which apply to you.

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> NZ European / Pakeha | <input type="checkbox"/> Fijian | <input type="checkbox"/> Italian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> New Zealand Maori | <input type="checkbox"/> Other Pacific People | <input type="checkbox"/> German | <input type="checkbox"/> Indian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> British / Irish | <input type="checkbox"/> Australian | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> African |
| <input type="checkbox"/> Cook Island Maori | <input type="checkbox"/> Dutch | <input type="checkbox"/> Other European | <input type="checkbox"/> Thailand | <input type="checkbox"/> Other |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Greek | <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Not stated |
| <input type="checkbox"/> Niue | <input type="checkbox"/> Polish | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Tokelauan | <input type="checkbox"/> South Slav | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Korean | <input type="checkbox"/> Not Stated |

If "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian", "Other" or "Not Stated", please specify what specific ethnicity. _____

Please also specify your **fee/assistance status**

- 00 - Domestic Student*
 01 - NZAID Student
 03 - International Fee-Paying Student (including people on current work visa)
 04 - Student on a recognised exchange scheme
 06 - Foreign Research Based Post-Graduate **
 08 - Diplomatic staff or family, persons associated with Antarctic Programme
 09 - International On-Shore PhD student
 12 - International student doing ITO off-job training
 13 - Refugee or protected person whose application for residence is being processed OR a person who has made a claim to be recognised as a refugee

Note:

*Always use 00 for New Zealand Citizen; use 00 for New Zealand resident visa holder and Australian Citizen or Australian Permanent Resident residing in New Zealand during the time studying this qualification.

** Use 06 for a student enrolled in a programme of study that is:

A PhD (level 10 on the NZQF); and
Wholly research (for example, 120-point thesis)

Use 03 for an international student enrolled in a programme of study that is a Masters (level 9 on the NZQF) or a Doctoral Programme, excluding PhDs (level 10 on the NZQF).



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

F. NEXT OF KIN / EMERGENCY CONTACT DETAILS

Local (New Zealand)	Relationship		International (Overseas)	Relationship	
	Name			Name	
	Address			Address	
	Mobile No.			Mobile no.	
Email address		Email address			

I. REFUND INFORMATION

If students want to withdraw from the course, they must apply for it in writing on a Refund of Fees form or obtained from the Registrar. Refunds are payable to the student, and are NOT transferrable to another student.

The following refund arrangements apply (as required by Public Trust):

For courses duration 12 weeks or more:

- Student withdrawal before the end of the 10th working day: Full refund of the total amount less cost incurred up to 25%
- Student withdrawal after the 10th working day: No refund after this date

J. PRIVACY

ATMC NZ collect and stores information from this form to:

- Manage the business of ATMC NZ (including internal reporting, administrative processes and selection of scholarship and prize winners)
- Comply with the requirement of the Education Act 1989 and other legislation¹ relating to maintenance of records.
- Supply information to government agencies and other organisations as set out below.

In signing this enrolment 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 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).

Those 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.



K. 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 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. 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 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 ____/____/____

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

L. APPENDIX. List of documents to be presented by International students. Tick (✓) if received

Personal and Academic	
<input type="checkbox"/>	Completed Application form
<input type="checkbox"/>	Complete Passport copy (Front & Back Page and any pages show travel history)
<input type="checkbox"/>	Agent Certified copy of all Academic Certificates & Academic Transcripts (10 th /12 th & Graduation)
<input type="checkbox"/>	Agent Certified copy of the English Test Score
<input type="checkbox"/>	English Translations of Academic Certificates & Academic Transcripts (if applicable)
<input type="checkbox"/>	Completed Statement of Purpose in Application Form
Financial Documents	
<input type="checkbox"/>	Evidence of sufficient funds for tuition and living expenses
<input type="checkbox"/>	Certified copy of Bank Statements from Sponsor/s
<input type="checkbox"/>	Certified copy of Government issued identity proof of sponsor/s
<input type="checkbox"/>	Proof of relationship with sponsor/s
<input type="checkbox"/>	Evidence of ownership of any assets used as collateral of sponsor/s