

Application to enrol



APP



WelTec

Te Whare Wānanga o te Awakairangi

! Complete every section, including the checklist at the end
Failure to attach all necessary documents will result in delays processing your application

MAIL TO: WelTec, Private Bag 39814, Lower Hutt 5045, New Zealand

0800 935 832

www.weltec.ac.nz

Please complete if you can: WelTec Student ID National Student Number (NSN)

1 PERSONAL DETAILS

Title Mr Mrs Miss Ms Other

Legal Family Name(s)

Legal Given Name(s)

Preferred Name

Previous Name

Date of Birth
Day Month Year

☎ Attach a verified copy of your Passport or New Zealand Birth Certificate (if you have not done previously)

Gender Male Female

Photocopied documents must be witnessed by a Justice of the Peace or equivalent or designated WelTec staff member. Do not send original documents. WelTec will not be held responsible for any loss of or damage to original documents. If you are using a foreign passport remember to include residency/visa page.

2 CONTACT DETAILS

Home Address

Postcode

Study Address (if different)

Postcode

Postal Address

Postcode

Telephone
()
Mobile
()

Email

3 STUDY CHOICE

Do you intend to study Full-time Part-time

Do you expect to finish your qualification this year? Yes No

Programme(s) Name (and code if known)

Start Date:
 Start Date:

Some programmes require you to select the courses you wish to study. Make your course selection below (if known)

Code	Course(s)	Start Date

At which campus is your programme offered?

Petone Wellington CBD Te Kāhui Auaha (Wellington) Auckland Porirua Kāpiti Other:

4 FEES

How do you intend to pay for your study?

(WelTec does not accept cash payments)

Student Loan

Invoice Employer Company name

Other



Start your application as soon as possible to avoid delays. Use the StudyLink website to ensure you are eligible for a student loan and/or allowance. If your loan application is not approved, you will still be liable for any fees due.



Some short courses and night classes are not eligible for loans. Check with us if you are unsure.



You need to be in New Zealand three years to access StudyLink

5 CITIZENSHIP AND RESIDENCY DETAILS

You are required to produce evidence of NZ citizenship, NZ permanent residency or a student visa. This application will not be processed if necessary documentation is not attached.

Photocopied documents must be witnessed by a Justice of the Peace or equivalent or designated WelTec staff member. Do not send original documents. WelTec will not be held responsible for any loss of or damage to original documents.

Please tick the box which best describes your citizenship or permanent residency status.

New Zealand Citizen

New Zealand Permanent Resident

Australian Citizen

Australian Permanent Resident

Other

Date of Residency

Day

Month

Year

During your time studying this programme, where will you reside?

New Zealand

Overseas

6 ETHNICITY

What ethnic group(s) do you identify with? (Please tick up to three boxes that apply to you)

111 NZ European/Pākehā

311 Samoan

442 Japanese

211 New Zealand Māori (please specify iwi/hapū)

321 Cook Island Māori

443 Korean

331 Tongan

444 Other Asian

341 Niuean

511 Middle Eastern

351 Tokelauan

521 Latin American

361 Fijian

531 African

371 Other Pacific Peoples

611 Other

121 British/Irish

411 Filipino

122 Dutch

412 Cambodian

123 Greek

413 Vietnamese

124 Polish

414 Other Southeast Asian

125 South Slav

421 Chinese

126 Italian

431 Indian

127 German

441 Sri Lankan

128 Australian

129 Other European

Please specify if 'Other European', 'Other Pacific Peoples', 'Other Southeast Asian', 'Other Asian' or 'Other':

7 SECONDARY EDUCATION

Last secondary school:

Final year:

Highest level of achievement from secondary school

- | | |
|--|---|
| <input type="checkbox"/> 00 No formal secondary qualification | <input type="checkbox"/> 14 University Entrance |
| <input type="checkbox"/> 11 14 or more credits at any level | <input type="checkbox"/> 15 NCEA Level 3, Bursary or Scholarship |
| <input type="checkbox"/> 12 NCEA Level 1 or School Certificate | <input type="checkbox"/> 09 Overseas qualification (Inc. International Baccalaureate & Cambridge Exams) |
| <input type="checkbox"/> 13 NCEA Level 2 or 6th Form Certificate | <input type="checkbox"/> 98 Other <input type="text"/> |

8 TERTIARY EDUCATION

Have you studied at a tertiary institution previously?

- Yes No

Please specify the institution(s) you studied at and your first year of enrolment

First year:

First year:

First year:

9 PRIOR ACTIVITY

What was your main activity or occupation in New Zealand at 1st October last year? Please tick one box that applies to you.

- | | |
|---|--|
| <input type="checkbox"/> 01 Secondary School Student | <input type="checkbox"/> 06 Polytechnic Student |
| <input type="checkbox"/> 02 Not employed or Beneficiary (excluding retired) | <input type="checkbox"/> 08 Houseperson or Retired |
| <input type="checkbox"/> 03 Wage or Salary Worker | <input type="checkbox"/> 09 Overseas (irrespective of occupation) |
| <input type="checkbox"/> 04 Self Employed | <input type="checkbox"/> 11 Private Training Establishment (PTE) Student |
| <input type="checkbox"/> 05 University Student | <input type="checkbox"/> 12 Wānanga Student |

10 LEARNING AND DISABILITY SUPPORT

Do you live with the effects of injury, long-term illness, disability or learning difficulty? No Yes

Please select all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Medical (temporary) | <input type="checkbox"/> Is there anything else that could impact on your learning that we could help you with e.g. anxiety, depression, medication?
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/> |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Mental health | |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Physical | |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Specific learning difficulty | |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Vision impairment | |
| <input type="checkbox"/> Medical (Chronic or on-going) | | |

Would you like to discuss any of the above? Yes No

11 EMERGENCY CONTACT DETAILS

Who should we contact in case of emergency?

1. Please complete

Name

Relationship

Phone

Phone

2. (Optional)

Name

Relationship

Phone

Phone

OFFICE USE ONLY

Name

Signature

Date

- | | |
|--|--|
| <input type="checkbox"/> ID Required | <input type="checkbox"/> ID Received |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Entry not met |
| <input type="checkbox"/> Conditional | <input type="checkbox"/> Closed |
| <input type="checkbox"/> HOS recommends decline to Director Academic | |
| <input type="checkbox"/> Level 1 or 2 eligibility check complete | |

Comments:

Please read carefully

DISCLAIMER

Acceptance of your application to enrol at the Wellington Institute of Technology ('WelTec') or Whitireia Community Polytechnic ('Whitireia') is subject to you meeting the admission and programme requirements (if any) and the availability of places on your selected course(s).

WelTec and Whitireia reserve the right to cancel, postpone or change the location of courses and/or programmes and shall not be liable for any claim other than the portion of the fees relating to the cancelled course or programme.

USE OF INFORMATION AND PRIVACY STATEMENT

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification and to collect information required by the Ministry of Education and other Government agencies for statistical and administrative reasons.

WelTec and Whitireia collaborate to offer students more study options and more places to study. To do this, WelTec and Whitireia share student information to plan delivery and provide student services at all campuses, including for enrolment administration, Library and Information Services, Learning Support, Disability Support, Careers Advice, scholarships, graduation and academic records, and student conduct and complaints.

WelTec and Whitireia collect and store information from this form to:

- manage the business of WelTec and Whitireia
- communicate promotional information relevant to WelTec and Whitireia
- share with the Wellington Regional Council and Auckland Council and their agencies to confirm eligibility for transport discounts
- stay in contact with alumni
- comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of official records and accountability for public funding
- Supply of information to government agencies and other organisations:
 - Audit New Zealand
 - Ministry of Education
 - New Zealand Qualifications Authority
 - Tertiary Education Commission
 - Ministry of Social Development
 - Immigration New Zealand.

Those agencies use the data supplied to:

- administer the tertiary education system, including allocating funding
- develop policy advice for government
- conduct statistical analysis and research.

The Ministry of Education 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.

When required by law, WelTec and Whitireia release information to government agencies such as the New Zealand Police, Department of Justice and Accident Compensation Corporation (ACC).

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records and to funding organisations that have a right to enrolment information (e.g. Industry Training Organisations).

By submitting this enrolment form you authorise such disclosure on the understanding that WelTec and Whitireia 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.

WelTec or Whitireia may contact you via telephone, post, email and/or text message regarding your enrolment.

You may see information Whitireia and WelTec have collected about you and you have the right to amend any errors.

DECLARATION

I hereby apply for enrolment as a student at the Wellington Institute of Technology ('WelTec') and, if accepted, I agree to comply with the Academic Statute, Student Code of Conduct, and related policies on the WelTec website: www.weltec.ac.nz

I acknowledge my responsibility to be aware of the Programme Regulations and examination entry dates, including any external examinations related to my study.

I declare that all information I have supplied on this form and any attached documentation to be true and complete and I acknowledge that WelTec may cancel my enrolment if false information has been supplied, or required information is not supplied by the due start date of the programme.

I have read and understood the provisions of the Privacy Act, as outlined in this Enrolment Form and I authorise the institute to collect, use and disclose the information in this form to StudyLink.

I acknowledge that if I opt into SMART, my personal information will be held by my local library and by other libraries in the Wellington region.

I understand that WelTec and Whitireia capture photographs and videos of events, activities and classroom situations where I may be present and I agree that my image can be used for WelTec and Whitireia marketing where the image is of a group setting. I understand I have the right to refuse permission if the image focuses on me as an individual and I undertake to advise the photographer, videographer or staff member if I do not want my likeness to be captured or used.

If accepted, I undertake to pay all fees and any course related costs as they become due and to meet any late fees and collections charges associated with debt recovery.

I AM 18 OR OVER

I declare that I am 18 years of age or over and confirm that I am the person named on this form.

Signature

Date

Name of Applicant

I AM UNDER 18

I declare that I am under the age of 18 years and confirm that I am the person named on this form.

Signature

Date

Name of Applicant

I declare that I am the parent/guardian of the applicant named on this form who is under the age of 18 years. I approve this application and undertake to pay the fees and any course related costs (including all unreturned library items), as they become due.

Signature of Parent/Guardian

Date

Name of Parent/Guardian

Address (if different from applicant)

Home Phone



CHECKLIST – PLEASE READ CAREFULLY AND COMPLETE

- I have completed every section
- I have attached a verified copy of my Passport or New Zealand Birth Certificate
- I have attached documentation to establish citizenship (if required)
- I have attached evidence of an entry qualification / credits (if required)