

New Zealand Training Centre

Full-Time Training Enrolment Form

PO Box 7151
Hamilton East
Hamilton 3247
New Zealand

Phone: 64 7 839 1196 Fax: 64 7 834 2470 Email: registrar@nztc.ac.nz Website: www.nztc.ac.nz

Please read the instructions below carefully before you complete this application form.

Date of application _____ Year you are applying for _____

Tick correct box Feb-Dec July-July

Diploma of Biblical Studies (PC 1618) BS.A (semester 1) BS.B (semester 2) BS.C (semester 3) BS.D (semester 4)

INSTRUCTIONS

The purpose of this enrolment form is get from you the information we need to enrol you. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and registration reasons. Please complete the form properly 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.
- Attaching to the form additional documentation that is required for Ministry of Education funding purposes. A description of the required documentation is provided on the last page of the form.

How did you hear about the Training?

Please tick the most important sources of information about the training. (You can tick more than one.) This will help us. Thank you!

1. Word of mouth
2. Ministry (printed)
3. Present trainee
4. Past trainee
5. Full-timer
6. Parent
7. Older church member
8. Training (video or live)
9. Conference
10. Camp
11. Highschool training
12. Prospectus
13. NZTC website
14. NZTC CD
15. Stretching Forward
16. Visit by trainees
17. Consecrated as a Highschooler
18. Consecrated as a young person
19. Other (write)

A PROGRAMME	
1	Have you studied at the NZTC before? Yes <input type="checkbox"/> No <input type="checkbox"/> If you answered "yes", what was your ID number?
B PERSONAL DETAILS	
2	Print your full legal name: <i>Family Name</i> <div style="text-align: right;"><i>Given Name(s)</i></div>
3	Preferred first name (English):
4	If you have previously enrolled under another name, what was that name?
5	Date saved _____ Date baptized _____
6	What is your degree/qualification? _____ (attach evidence to the last page) Date of graduation _____
7	Date you came to the church _____ Locality _____
8	Areas of church service you have been involved with
9	Past trainings (full-time)
10	Other Christian trainings

11	Date of birth:	<input type="text"/>	<input type="text"/>	19	<input type="text"/>	<input type="text"/>	12	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
		day	month		year					

13	If you know your NSN (National Student Number), please write it here:		□□□-□□□-□□□□																																																																									
14	Citizenship and Residency:	<p>Tick the box which best describes your citizenship or permanent residency status.</p> <p><i>New Zealand Citizen</i> <input type="checkbox"/> NZL <i>Australian Citizen</i> <input type="checkbox"/> AUS <i>New Zealand Permanent Resident</i> <input type="checkbox"/> NZP <i>Other</i> <input type="checkbox"/></p> <p>Please specify if “Other”. _____</p> <p>(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)</p> <hr/> <p>If “Other”, please also specify your fee/assistance status.</p> <p><i>MFAT Scholarship (incl. Aotearoa, short-term training, and post-graduate)</i> <input type="checkbox"/> 01 <i>Full Fee Paying Foreign Student</i> <input type="checkbox"/> 03 <i>Exchange Student</i> <input type="checkbox"/> 04 <i>Foreign Wholly Research Post-Graduate</i> <input type="checkbox"/> 06 <i>Military Personnel, Diplomatic Staff or Family, or Persons Associated with Operation Deep Freeze</i> <input type="checkbox"/> 08</p>																																																																										
15	<p>Ethnicity: What ethnic group(s) do you belong to? You may tick up to three boxes which apply to you.</p>	<table border="0"> <tr> <td><i>NZ European/Pakeha</i></td><td><input type="checkbox"/> 111</td> <td><i>Filipino</i></td><td><input type="checkbox"/> 411</td> </tr> <tr> <td><i>New Zealand Māori</i></td><td><input type="checkbox"/> 211</td> <td><i>Cambodian</i></td><td><input type="checkbox"/> 412</td> </tr> <tr> <td><i>Samoan</i></td><td><input type="checkbox"/> 311</td> <td><i>Vietnamese</i></td><td><input type="checkbox"/> 413</td> </tr> <tr> <td><i>Cook Island Māori</i></td><td><input type="checkbox"/> 321</td> <td><i>Other Southeast Asian</i></td><td><input type="checkbox"/> 414</td> </tr> <tr> <td><i>Tongan</i></td><td><input type="checkbox"/> 331</td> <td><i>Chinese</i></td><td><input type="checkbox"/> 421</td> </tr> <tr> <td><i>Niue</i></td><td><input type="checkbox"/> 341</td> <td><i>Indian</i></td><td><input type="checkbox"/> 431</td> </tr> <tr> <td><i>Tokelauen</i></td><td><input type="checkbox"/> 351</td> <td><i>Sri Lankan</i></td><td><input type="checkbox"/> 441</td> </tr> <tr> <td><i>Fijian</i></td><td><input type="checkbox"/> 361</td> <td><i>Japanese</i></td><td><input type="checkbox"/> 442</td> </tr> <tr> <td><i>Other Pacific Peoples</i></td><td><input type="checkbox"/> 371</td> <td><i>Korean</i></td><td><input type="checkbox"/> 443</td> </tr> <tr> <td><i>British/Irish</i></td><td><input type="checkbox"/> 121</td> <td><i>Other Asian</i></td><td><input type="checkbox"/> 444</td> </tr> <tr> <td><i>Dutch</i></td><td><input type="checkbox"/> 122</td> <td><i>Middle Eastern</i></td><td><input type="checkbox"/> 511</td> </tr> <tr> <td><i>Greek</i></td><td><input type="checkbox"/> 123</td> <td><i>Latin American</i></td><td><input type="checkbox"/> 521</td> </tr> <tr> <td><i>Polish</i></td><td><input type="checkbox"/> 124</td> <td><i>African</i></td><td><input type="checkbox"/> 531</td> </tr> <tr> <td><i>South Slav</i></td><td><input type="checkbox"/> 125</td> <td><i>Other</i></td><td><input type="checkbox"/> 611</td> </tr> <tr> <td><i>Italian</i></td><td><input type="checkbox"/> 126</td> <td><i>Not Stated</i></td><td><input type="checkbox"/> 999</td> </tr> <tr> <td><i>German</i></td><td><input type="checkbox"/> 127</td> <td></td><td></td> </tr> <tr> <td><i>Australian</i></td><td><input type="checkbox"/> 128</td> <td></td><td></td> </tr> <tr> <td><i>Other European</i></td><td><input type="checkbox"/> 129</td> <td></td><td></td> </tr> </table> <p>Please specify if “Other Pacific Peoples”, “Other European”, “Other Southeast Asian”, “Other Asian” or “Other”.</p>			<i>NZ European/Pakeha</i>	<input type="checkbox"/> 111	<i>Filipino</i>	<input type="checkbox"/> 411	<i>New Zealand Māori</i>	<input type="checkbox"/> 211	<i>Cambodian</i>	<input type="checkbox"/> 412	<i>Samoan</i>	<input type="checkbox"/> 311	<i>Vietnamese</i>	<input type="checkbox"/> 413	<i>Cook Island Māori</i>	<input type="checkbox"/> 321	<i>Other Southeast Asian</i>	<input type="checkbox"/> 414	<i>Tongan</i>	<input type="checkbox"/> 331	<i>Chinese</i>	<input type="checkbox"/> 421	<i>Niue</i>	<input type="checkbox"/> 341	<i>Indian</i>	<input type="checkbox"/> 431	<i>Tokelauen</i>	<input type="checkbox"/> 351	<i>Sri Lankan</i>	<input type="checkbox"/> 441	<i>Fijian</i>	<input type="checkbox"/> 361	<i>Japanese</i>	<input type="checkbox"/> 442	<i>Other Pacific Peoples</i>	<input type="checkbox"/> 371	<i>Korean</i>	<input type="checkbox"/> 443	<i>British/Irish</i>	<input type="checkbox"/> 121	<i>Other Asian</i>	<input type="checkbox"/> 444	<i>Dutch</i>	<input type="checkbox"/> 122	<i>Middle Eastern</i>	<input type="checkbox"/> 511	<i>Greek</i>	<input type="checkbox"/> 123	<i>Latin American</i>	<input type="checkbox"/> 521	<i>Polish</i>	<input type="checkbox"/> 124	<i>African</i>	<input type="checkbox"/> 531	<i>South Slav</i>	<input type="checkbox"/> 125	<i>Other</i>	<input type="checkbox"/> 611	<i>Italian</i>	<input type="checkbox"/> 126	<i>Not Stated</i>	<input type="checkbox"/> 999	<i>German</i>	<input type="checkbox"/> 127			<i>Australian</i>	<input type="checkbox"/> 128			<i>Other European</i>	<input type="checkbox"/> 129		
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16	<p>Did you tick “New Zealand Māori” in question 15? <input type="checkbox"/> - No – please go to the next section <input type="checkbox"/> - Yes – please fill this section in You may enter more than one Iwi. If you do not know your Iwi, please enter 'Don't Know'.</p>	<p><i>Iwi:</i> <i>Rohe (Iwi home area):</i></p> <p><i>Iwi:</i> <i>Rohe (Iwi home area):</i></p>																																																																										
17	Prior activity:	<p>What was your MAIN activity or occupation in New Zealand last year? You may tick only one box.</p> <table border="0"> <tr> <td><i>Secondary school student</i></td><td><input type="checkbox"/> 01</td> <td><i>Non-employed or beneficiary (excluding retired)</i></td><td><input type="checkbox"/> 02</td> </tr> <tr> <td><i>Wage or salary worker</i></td><td><input type="checkbox"/> 03</td> <td><i>Self-employed</i></td><td><input type="checkbox"/> 04</td> </tr> <tr> <td><i>University student</i></td><td><input type="checkbox"/> 05</td> <td><i>Polytechnic student</i></td><td><input type="checkbox"/> 06</td> </tr> <tr> <td><i>College of Education student</i></td><td><input type="checkbox"/> 07</td> <td><i>House-person or retired</i></td><td><input type="checkbox"/> 08</td> </tr> <tr> <td><i>Overseas (irrespective of occupation)</i></td><td><input type="checkbox"/> 09</td> <td><i>Private Training Establishment student</i></td><td><input type="checkbox"/> 11</td> </tr> <tr> <td><i>Wānanga student</i></td><td><input type="checkbox"/> 12</td> <td></td><td></td> </tr> </table>			<i>Secondary school student</i>	<input type="checkbox"/> 01	<i>Non-employed or beneficiary (excluding retired)</i>	<input type="checkbox"/> 02	<i>Wage or salary worker</i>	<input type="checkbox"/> 03	<i>Self-employed</i>	<input type="checkbox"/> 04	<i>University student</i>	<input type="checkbox"/> 05	<i>Polytechnic student</i>	<input type="checkbox"/> 06	<i>College of Education student</i>	<input type="checkbox"/> 07	<i>House-person or retired</i>	<input type="checkbox"/> 08	<i>Overseas (irrespective of occupation)</i>	<input type="checkbox"/> 09	<i>Private Training Establishment student</i>	<input type="checkbox"/> 11	<i>Wānanga student</i>	<input type="checkbox"/> 12																																																		
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18	<p>¹Disability: Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential. If yes, how would you describe your impairment, disability or long term medical condition:</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>																																																																								

¹ The completion of this section is not compulsory

C MEANS OF SUPPORT	
19	You will be supported by: <i>Yourself</i> <input type="checkbox"/> <i>Church</i> <input type="checkbox"/> <i>Family or friends</i> <input type="checkbox"/> <i>Other means (specify)</i> <input type="checkbox"/>
20	Do you expect to receive Student Allowance (NZ residents only)? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>If yes you MUST contact NZTC BEFORE you apply to StudyLink</i>
	Do you expect to receive Student Loan (NZ residents only)? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>If yes you MUST contact NZTC BEFORE you apply to StudyLink</i>
	I have completed the NZTC Highschooler and young people scholarship program <i>Yes</i> <input type="checkbox"/>
	Other pertinent information
D MARITAL STATUS	
21	Marital status <i>single</i> <input type="checkbox"/> <i>married</i> <input type="checkbox"/> <i>engaged</i> <input type="checkbox"/> <i>separated</i> <input type="checkbox"/> <i>divorced</i> <input type="checkbox"/>
	Spouse's name _____ Spouse's age _____
	Date of marriage _____ Spouse's occupation _____
	Spouse's attitude toward you being full-time: <i>Agree</i> <input type="checkbox"/> <i>Disagree</i> <input type="checkbox"/> <i>Also burdened to be full-time</i> <input type="checkbox"/>
22	Dependents: Name Relationship Age Saved
	1. _____ [] Y [] N
	2. _____ [] Y [] N
	3. _____ [] Y [] N
E HEALTH	
23	Are you in good physical and psychological condition? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
24	Do you have any physical disabilities? If yes, explain <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
25	Do you have any health problems? If yes, explain <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
26	Do you have any food allergy? If yes, explain <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
27	Do you smoke? If yes, explain <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
28	Do you anticipate any problems in sharing a room with up to three others <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
29	Do you snore or talk in your sleep? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
30	The Hamilton climate may affect asthma sufferers. Do you have asthma? <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>
31	Other pertinent information or questions
F ENGLISH ABILITY (<i>do not fill in if English is your first language</i>)	
32	The Full-Time Training requires an English level of IELTS 5 or above. Write down the IELTS level you have attained (attach evidence on the last page) IELTS level _____ Date when achieved _____ If you have not achieved 5 or above, NZTC can help to arrange an English course at a local English Language School that we recommend. You will be a learner of that provider, and not enrolled for the Full-Time Training.
	33
34	Our training is conducted in English. Do you foresee having any difficulties because of this? (For example: following instructions, listening to messages, speaking) <i>Yes</i> <input type="checkbox"/> <i>No</i> <input type="checkbox"/>

37

Do you currently have or will you have a Student Loan this year?

- **No** – please go to the next section

- **Yes** – **please insert your IRD number** (see notes for more information on interest write-off)

□□□-□□□-□□□□

Interest Free Student Loans and other Interest Write-offs

If you have a student loan, or anticipate applying for one this year, you may be entitled to have the interest on your loan written off for the period of study.

On 1 April 2006, legislation was introduced to make student loans interest free for borrowers living in New Zealand. For more information on how to become eligible for interest free student loans, visit www.ird.govt.nz/studentloans.

If you choose to provide your IRD number on the enrolment form this will be included with your enrolment details and will be reported to the Ministry of Education. The Ministry of Education will send your study information to Inland Revenue to check if you are eligible for an interest write-off and adjust your student loan account automatically.

Completing your IRD number is voluntary. If you choose not to provide your IRD number you should contact Inland Revenue directly if you think you may be eligible for an interest write-off.

Please Note: Completing your IRD number on this form is not an application for an interest write-off. If the information you provide is incorrect and can't be matched no write-off will occur. You will not be contacted directly in that event but you may contact Inland Revenue for more information.

I CONTACT DETAILS

38	Home Address and contact details:	<i>Home Address:</i>	<i>Postal Address: (if different from home address)</i>
		<i>Street Address:</i>	<i>Street Address:</i>
		<i>Suburb:</i>	<i>Suburb:</i>
		<i>Town/City:</i>	<i>Town/City:</i>
		<i>Post Code:</i>	<i>Post Code:</i>
		<i>Phone:</i>	<i>Mobile:</i>
		<i>Fax:</i>	<i>Email:</i>
39	Address While Studying:	<i>Address while Studying (if different from home address):</i>	
		<i>Street Address:</i>	
		<i>Suburb:</i>	
		<i>Town/City:</i>	
		<i>Post Code:</i>	
		<i>Phone:</i>	<i>Mobile:</i>
		<i>Fax:</i>	<i>Email:</i>
	Next of Kin:	<i>Name:</i>	<i>Phone:</i>

J ELDERS' RECOMMENDATION

40

	<p>In the space provided we ask for the elder's review of the applicant's vision and participation in the service and burden of the church.</p> <p><i>This should include their positive contribution to the church life and service, as well as any problems encountered in coordination, their living situation, and/or the receiving of fellowship.</i></p>		
41	<p>OPTIONAL</p> <p>Elders' evaluation of applicant (circle the appropriate number)</p> <p><i>Elders may put N/A (not applicable) here and directly contact the Training Centre if they wish.</i></p>	<p>1. Candidate's participation in the church during the past year:</p> <p>1 2 3 4 5</p> <p>Seldom attends, little interest; A strength to the church; Only recently has had a turn imparts life, serves actively</p> <p>2. Candidate's knowledge of the truth:</p> <p>1 2 3 4 5</p> <p>Has not read the Bible through; Has displayed a strong knowledge has little understanding of the basic truths of the Bible and basic truths</p> <p>3. Candidate's ability to work with others:</p> <p>1 2 3 4 5</p> <p>A loner, or one who often Works well with others. argues and fights with others. Respects others both older and Insists on his/her own way. younger.</p> <p>4. Candidate's work ethic:</p> <p>1 2 3 4 5</p> <p>Lacks goals. Avoids work Very accomplished. Responsible, trustworthy.</p> <p>5. Candidate's maturity (in mind, emotion, will)</p> <p>1 2 3 4 5</p> <p>Immature Mature, stable, careful</p>	
42	Elders' signatures:	Signature 1	Signature 2
43	Elders' names & phone numbers (please print in English):		

Please make sure that you sign your enrolment form on the last page.

K	PHOTOGRAPH
44	In the space provided place a photograph (less than one month old) of yourself.

Please staple all documents here

DOCUMENTATION

To qualify as a **domestic student**, and so be entitled to the Government tuition subsidy, you must be a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) or a permanent resident of New Zealand or a citizen or permanent resident of Australia residing in New Zealand. You must provide evidence of citizenship or permanent residency and to do so you must produce one of the following:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Solicitor, Minister of the Church, General Practitioner or School Principal for example.

International students must bring their passport with them when they enrol.

Please note that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see: <http://www.nsi.govt.nz/ima>.

Please list here all documents that you have attached to this enrolment form. Documents should be securely stapled to the top of this page of the form.

DECLARATION

Privacy – The Training Centre collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), Tertiary Education Commission (funding returns), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), and Department of Immigration (if you are not a New Zealand citizen or permanent resident). The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.

In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that the Organisation will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the office.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting privacy. It requires the Organisation 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>

Fees – 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. The Training Centre’s policy on withdrawal and refund of fees may be obtained from the office.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of the Training Centre with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

_____ / ____ / _____

Signature *Date*

What you should do now:

1. Ensure this form is filled out completely (an incomplete registration form may need to be returned to be completed).
2. Mail the form in with your registration fee (\$100 for New Zealand & Australia applicants, \$250 for overseas).
3. You will be notified when your registration is accepted (dependent upon the Director’s approval).

For Office Use	Director’s Signature _____
Form Received (date) _____	Date accepted _____
Registration fee paid? [] Yes [] No	