



Laidlaw
College
TE WANANGA AMORANGI

NON-FORMAL STUDY APPLICATION FORM

WHO SHOULD COMPLETE THIS FORM?

Applicants not studying for credit who want to participate non-formally in courses at Laidlaw College.

WHO SHOULD NOT COMPLETE THIS FORM?

Applicants for full-time or part-time study for credit at Laidlaw College should instead complete the Laidlaw College Application Form, available from any campus or www.laidlaw.ac.nz.

Please complete all sections of this application in pen and return it by 31 January (Semester 1) or 20 June (Semester 2) to the chosen regional campus (contact details listed on the back page).

If you are unclear about any aspect of this application, please contact us. Incomplete applications cannot be processed.

SECTION ONE: PERSONAL DETAILS

Title (*Mr, Miss, etc*) Surname/Family name

First name(s)

Preferred first name Other names (*eg, maiden*)

Date of birth Day Month Year Gender (*please tick*) Male Female

Postal address

City Post code

Mobile no. Home no.

Work no. Email address

The following information will help us locate you on our database:

Have you done any previous study with Laidlaw College, BCNZ or Masters Institute? Yes No

If you were given a student ID number, please specify it here:

Citizenship

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

Please attach a certified copy of your birth certificate, passport, residency certificate or citizenship certificate.

NZ citizen (*incl. Niue, Tokelau, Cook Islands citizens*) NZ permanent resident Australian citizen

If none of the above: What is your country of citizenship?

What type of visa/permit do you have? When does your visa/permit expire?

Ethnicity

What ethnic group do you belong to?

(You may write up to three groups. Ethnicity details are used for Ministry of Education and Laidlaw College statistics only.)

If New Zealand Maori please identify your iwi below. You may identify two to three, or if you don't know your iwi, please write 'don't know'.

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Emergency Contact Person Details

Title (*Mr, Miss, etc*) Surname/Family name

First name(s)

Relationship to applicant Gender (*please tick*) Male Female

Postal address

City Post code

Mobile no. Home no.

Work no. Email address

FOUR: HEALTH AND WELL-BEING

Disability/Accessibility Details

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

If yes, please give details:

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Do you need any assistance with your studies? (Please specify)

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SECTION SIX: SENDING THE APPLICATION

Checklist

Please ensure that you have signed the declaration and have included the following with this application:

A certified copy of your birth certificate or passport, and NZ residency (if applicable), and marriage certificate if name has changed.

Please note that certified copies of documentation must be signed as true and accurate by a Justice of the Peace (JP), solicitor or Laidlaw College staff member.

Post your completed enrolment to the appropriate campus

Auckland Campus
Admissions Coordinator
Private Bag 93104
Henderson
Auckland 0650
New Zealand

Freephone 0800 999 777
Phone +64 9 836 7829
Fax +64 9 836 7801
Email admissions@laidlaw.ac.nz

Christchurch Campus
70 Condell Avenue
Papanui
Christchurch 8053
New Zealand
Phone +64 3 354 4270
Fax +64 3 354 4279
Email chch@laidlaw.ac.nz

SECTION FIVE: DECLARATION

Privacy – The Organisation collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards). The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting, or to foster and enhance community life within the Laidlaw community. We define the Laidlaw community as being students and their families, staff, board members, and support workers. 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 Enrolments Officer.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. 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 Organisation's policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

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

I confirm that all the information I have provided on this application is true and accurate. I consent to allow Laidlaw College to receive, hold and use my personal information for the above purposes and I authorise any agency holding the source of information I have provided on this form to release that information to Laidlaw College on request.

Signature:

Date: