

Overseas Student Application and Accommodation Form

Family Name Given Name

Mr Mrs Miss Ms Date Of Birth/...../..... Male Female
DAY MONTH YEAR

Nationality Married Single

Occupation

Contact Address Phone (Day)

..... Phone (Night)

Facsimile Email Address

PROGRAMME APPLIED FOR:

National Certificate in Mental Health
(Mental Health Support Work) (Level 4).....

Pokaitahi National Certificate in Social Services (Level 4).....

National Diploma in Youth Work (Level 6)

National Diploma in Social Work (Level 6)

Foundation Certificate in Nursing, Recreation and Sports Science

Bachelor of Nursing.....

National Certificate in Early Childhood Education & Care (Level 5)

National Certificate in Business Administration and Computing (Level 2)

Tairāwhiti Polytechnic Certificate in Business (Level 3).....

Tairāwhiti Polytechnic Certificate in Business Administration (Level 4)

New Zealand Diploma in Business Studies

Certificate in Introductory Computing.....

Diploma in Information and Communications Technology (Level 5).....

Diploma in Information and Communications Technology (Level 6).....

National Certificate in Tourism and Travel (Core Skills) (Level 3)

National Certificate in Travel (Level 3)

National Certificate in Travel (Level 4)

NZIM/ATTTO Diploma in Tourism Management

Travel and Tourism Programme

Tairāwhiti Polytechnic Certificate of Viticulture and Winemaking.....

Bachelor of Science/Bachelor of Science (Technology)

Tairāwhiti Polytechnic Certificate in Commercial Horticulture (Level 3).....

Certificate in Leisure & Sport.....

Café Service.....

Professional Catering and Cookery Skills

National Certificate in Carpentry (Level 4).....

General English as a Second Language/Foreign Language.....

General English and Surfing

YOUR ENGLISH LEVEL:

Beginners English

IELTS 3/4

IELTS 5/6

Total number of English Study weeks required: weeks

Starting date for English :/...../.....
DAY MONTH YEAR

APPLICATION CONTINUES OVERLEAF 

Tear out along perforation

What are your career plans?

Possible date of arrival in New Zealand: Which do you prefer? Homestay Hostel

Smoker Non-smoker Do you like pets? Yes No Do you like children? Yes No

Do you require your own room? Yes No

Are you a vegetarian? Yes No

What is your religion?

What are your interests and hobbies?

Would you like another student living in your home stay? (Your will have your own room.) Yes No

Have you arranged Medical and Travel Insurance? Yes No

Do you live with the effects of an allergy, injury, long term illness or disability? Yes No

If you ticked YES—which of the following applies:

Speech Hearing Eye sight Movement

Learning Allergy (please state type of allergy)

How did you find out about Tairāwhiti Polytechnic?

.....
.....

IMPORTANT: Please attach transcripts of high school, tertiary or other qualifications with employer/character references if you think these would help in the design of your course of study.

NOTE: Please supply a passport-sized photograph with your application.

REFUND POLICY: I have read and fully understand and accept the Conditions of Enrolment and agree to abide by the laws of New Zealand.

Please post or fax this form to :

Marilyn Taylor
International Department
Tairāwhiti Polytechnic
PO Box 640
Gisborne
New Zealand
Fax: +64 6 867 2186
Phone: +64 6 869 0810
Email: marilyn@tairawhiti.ac.nz

.....
Applicant's Signature

Tear out along perforation