

# Enrolment Form 2012

## New Zealand College of Chinese Medicine



PO Box 17467, Greenlane

Phone: 09 580 2376 in Auckland, or 03 388 2333 in Christchurch

Auckland 1546

Email: registration@chinesemedicine.ac.nz

Welcome to the New Zealand College of Chinese Medicine

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

### INSTRUCTIONS

The purpose of this enrolment form is to get the information we need to enrol you into a qualification at NZCCM. We also need to collect information as required by the Ministry of Education and other Government agencies. Please fill in the form 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 and Tertiary Education Commission purposes. A description of the required documentation is provided on page 4 of the form.

Please pay the \$200 enrolment fee to NZCCM Account number: 12-3021-0350521-00 at ASB Bank, Greenlane branch, Auckland

### A QUALIFICATION

<b>1</b>	Please <b>tick</b> the <b>qualification</b> in which you wish to enrol	<input type="checkbox"/> Bachelor of Health Science with major in: <ol style="list-style-type: none"> <li>1. <input type="checkbox"/> Chinese Medicine (CM)</li> <li>2. <input type="checkbox"/> Acupuncture (ACU)</li> <li>3. <input type="checkbox"/> Chinese Herbal Medicine (CHM)</li> </ol> <input type="checkbox"/> Diploma in Chinese Health Studies <input type="checkbox"/> Certificate in Foundation Studies for Health Maintenance	<i>Office Use: Date received</i>
	Start Date for this Enrolment period:	<input type="checkbox"/> February 2012 <input type="checkbox"/> Other - Please state:	
	Planned Finish Date for this enrolment period:		
	Do you intend to study: <span style="margin-left: 100px;"><i>Part time</i> <input type="checkbox"/></span> <span style="margin-left: 100px;"><i>Full time</i> <input type="checkbox"/></span>		
<b>2</b>	Have you studied at NZCCM before?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answered "yes", what was your ID number?		

<b>3</b>	Please enter the name(s) of the courses in which you wish to enrol for 2012:	
	1.	7.
	2.	8.
	3.	9.
	4.	10.
	5.	11.
	6.	12.

**B PERSONAL DETAILS**

<b>4</b>	Print your full legal name: <i>Family Name</i>					
	<i>Given Name(s)</i>					
<b>5</b>	Preferred first name (if different from your full given name)					
<b>6</b>	If you have previously enrolled at any tertiary institution under another name, what was that name?					
<b>7</b>	Preferred title:	<i>Ms</i> <input type="checkbox"/>	<i>Miss</i> <input type="checkbox"/>	<i>Mrs</i> <input type="checkbox"/>	<i>Mr</i> <input type="checkbox"/>	<i>Other (Specify):</i>
<b>8</b>	<b>Date of birth:</b>	<input type="text"/>	<input type="text"/>	19	<input type="text"/>	<input type="text"/>
		<i>day</i>	<i>month</i>		<i>year</i>	
<b>9</b>	<b>Gender:</b>	<i>Male</i> <input type="checkbox"/>	<i>Female</i> <input type="checkbox"/>			
<b>10</b>	If you have an a National <b>Student Index number</b> (also known as the "NSN" or NZQA Record of Learning number), please write it here:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

11	<b>Citizenship and Residency:</b>  <b>You need to supply evidence of residency status or citizenship</b>	Tick the box which describes your citizenship.  <i>New Zealand Citizen</i> <input type="checkbox"/> NZL <i>Australian Citizen</i> <input type="checkbox"/> AUS  <i>Other</i> <input type="checkbox"/>  If you answered "Other" please specify your citizenship and whether you are a New Zealand Permanent Resident :  <i>Citizenship:</i> _____  (If you have dual citizenship, specify the citizenship of the passport used to enter NZ.)  <i>New Zealand Permanent Resident?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>																																																																								
12	<b>Ethnicity:</b>  What ethnic group(s) do you belong to?  You may tick up to three boxes which apply to you.	<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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<b>13</b>	<p><b>Iwi:</b></p> <p>If you identified as New Zealand Māori in question 12, what is the name of your iwi (tribe or tribes) and rohe?</p> <p>You may enter more than one iwi. If you do not know your iwi, please enter "Don't Know".</p>	<p><i>Iwi:</i></p> <p><i>Rohe (iwi home area):</i></p> <p><i>Iwi:</i></p> <p><i>Rohe (iwi home area):</i></p> <p><i>Iwi:</i></p> <p><i>Rohe (iwi home area):</i></p>
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<b>14</b>	<b>Prior activity:</b>	<p>What was your MAIN activity or occupation in New Zealand at 1 October 2010? You may tick only one box.</p> <p><i>Secondary school student</i> <input type="checkbox"/> 01    <i>Non-employed or beneficiary (excluding retired)</i> <input type="checkbox"/> 02</p> <p><i>Wage or salary worker</i> <input type="checkbox"/> 03    <i>Self-employed</i> <input type="checkbox"/> 04</p> <p><i>University student</i> <input type="checkbox"/> 05    <i>Polytechnic or Institute of Tech. student</i> <input type="checkbox"/> 06</p> <p><i>College of Education Student</i> <input type="checkbox"/> 07    <i>House-person or retired</i> <input type="checkbox"/> 08</p> <p><i>Overseas (irrespective of occupation)</i> <input type="checkbox"/> 09    <i>Private training establishment student</i> <input type="checkbox"/> 11</p> <p><i>Wānanga student</i> <input type="checkbox"/> 12</p>
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<b>15</b>	<p><b>Disability</b> (the completion of this section is not compulsory):</p> <p>Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential.</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes", how would you describe your impairment, disability, or long term medical condition:	
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**C ACADEMIC INFORMATION**

<b>16</b>	<b>Secondary School:</b>	<p>What was the name of the last secondary school you attended? State "overseas", if applicable.</p> <p>_____</p> <p>What was your last year at secondary school? <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>What is the highest level of achievement you hold from a secondary school? It may be a "traditional" award such as School Certificate, or a number of credits or a National Certificate on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box in this <b>right hand column</b>.</p> <p style="text-align: right;"><i>No formal secondary qualifications</i> <input type="checkbox"/> 00</p> <p style="text-align: right;"><i>14 or more credits at any level</i> <input type="checkbox"/> 11</p>	<i>Office Use</i>
		<b>FOR RECENT SCHOOL LEAVERS</b>	

		<p><b>Please check the following minimum credits listed in the NZCCM Prospectus</b></p> <p>12 credits at level 2 in <b>one</b> of: Biology, Chemistry, Physics, Science</p> <p>42 credits at level 3 (Up to four NQF domains)</p> <p>14 credits at level 1 in mathematics</p> <p>8 credits at level 2 in English (4 credits in reading, 4 in writing)</p> <p>NCEA Level 2 Candidates with a Merit Average may apply</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>NCEA Level 1 <b>or</b> School Certificate <input type="checkbox"/> 12</p> <p>NCEA Level 2 <b>or</b> 6th Form Certificate <input type="checkbox"/> 13</p> <p>University Entrance <input type="checkbox"/> 14</p> <p>NCEA Level 3 <b>or</b> Bursary or Scholarship <input type="checkbox"/> 15</p> <p>Other * <input type="checkbox"/> 98</p> <p>Not known <input type="checkbox"/> 99</p> <p>Overseas qualification (includes International Baccalaureate &amp; Cambridge Exams) * <input type="checkbox"/> 09</p> <p>* Please specify if "Overseas qualification" or "Other".</p> <hr/> <hr/>
17	<p><b>Tertiary Study:</b></p>	<p>Will this be the first year you have ever enrolled in a University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>If you answered "No", please enter the name of the institution you studied at and year of your first enrolment.</p> <p>Name _____ Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>What year do you expect to complete the academic requirements for your qualification?</p> <p>Year <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	

D IRD NUMBER COLLECTION FOR STUDENT LOAN INTEREST WRITE-OFF

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

No  Please go to the next section

Yes  Please enter your IRD number here (entering your IRD number is voluntary.)

IRD number:    -    -

**Interest Free Student Loans and other Interest Write-offs**

You may be entitled to have the interest on your loan written off for the period of your study. See IRD.govt.nz

E DOCUMENTATION

19 **Domestic students** must provide evidence of citizenship or permanent residency by 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 Reception, or provide a *certified copy*.**

**International students:**

**Must bring their passport with them when they enrol, and will require appropriate insurance.**

**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.

20 Please list here all documents that you have securely stapled to the back of this enrolment form.

G YOUR CONTACT DETAILS

22	<b>Address and contact details:</b>	<i>Permanent Address:</i>	<i>Term Time Address: (if different from permanent address)</i>
		<i>Post Code:</i>	<i>Post Code:</i>
		<i>Phone:</i>	<i>Alternative Phone:</i>
		<i>Mobile:</i>	<i>Email:</i>
		<i>Fax:</i>	

		<p>What is your postal address?</p> <p>Permanent Address <input type="checkbox"/> Term Time Address <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If you ticked "Other" please write your postal address below.</p> <p>Post Code:</p>	
	<b>Next of Kin:</b>	Name and address:	Phone:
		<p>Relationship to You:</p> <p>Do they speak English? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<b>H ENTRY PROFILE</b>			
<p>NZCCM wishes to provide relevant and effective training. At the time of enrolment we collect information about your "entry profile". Later we will collect feedback from you on your experience of studying with us, and about your employment and further training after you have finished your studies.</p> <p>Please complete the questions below. The data is treated confidentially and we do not contact anyone named by you.</p>			
<b>23</b>	<b>Education and Training</b>	<p>What is the most recent study you have done since leaving school?</p> <p>Name of Qualification: _____</p> <p>Where did you study the qualification: _____</p> <p>Did you complete this qualification: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Did you study part time or full time: Part time <input type="checkbox"/> Full time <input type="checkbox"/></p>	
<b>24</b>	<b>Employment</b>	<p>What is your most recent employment?</p> <p>Position: _____</p> <p>Employer: _____</p> <p>Did you work part time or full time: Part time <input type="checkbox"/> Full time <input type="checkbox"/></p>	

<b>25</b>	Please list the name(s) and contact details of two people who can give a reference that you are of good character and reputation ( <b>Note:</b> you need to have known them for at least two years, and not be a relative):	
	Name:	Name:
	Phone:	Phone:
	Relationship to you:	Relationship to you:

**DECLARATION**

**Privacy**

NZCCM collects and stores information from this form to comply with NZCCM and government requirements. These include the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns, monitoring), 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, for internal reporting, and to measure the relevance of NZCCM qualifications. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records.

In addition, when required by statute, NZCCM 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 NZCCM 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. To do so, contact the Registration Clerk.

I agree to advise NZCCM of any changes in my circumstances and to notify the college on any occasion where I cannot attend a scheduled class, prior to the start of that class.

**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. NZCCM policy on withdrawal and refund of fees may be obtained from the Prospectus.

**Rules**

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

The College reserves the right to change its rules and/or course content at any time at the discretion of NZCCM. Failure to enforce any part of this agreement or any policy or procedure shall not act as a waiver of that part, policy or procedure and shall not diminish the enforceability of that part, policy or procedure at any time.

NZCCM reserve the right to reject any application on any grounds whatsoever without claim from the Applicant.

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 have read the Prospectus including withdrawal and refund policy, and agree to abide by them and the conditions described above, and I consent to the disclosure of personal information as described above.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Signature**      ↑      ↑      **Date**

*Please make sure that you sign your enrolment form here*

<b>Office Use Only</b>		<small>Version 13.01 Designed by Meta Office with Take2 Users in Mind</small>
<b>Documentation complete</b> _____ _____/_____/_____	<b>English verified</b> _____ _____/_____/_____	<b>Interviewed</b> _____ _____/_____/_____
<b>Referees contacted</b> _____ _____/_____/_____	<b>RPL requested</b> _____ _____/_____/_____	<b>RPL approved</b> _____ _____/_____/_____
<b>Take2 Student ID</b> _____ _____/_____/_____	<b>Entered in Take 2</b> _____ _____/_____/_____	<b>Application approved</b> _____ _____/_____/_____

