New Zealand College of Chinese Medicine

Re-Enrolment Form Feb 2027 - Domestic Students

PO Box 17467, Greenlane
Auckland 1546

Phone: 09 580 2376 in Auckland

Email: enrolment@chinesemedicine.ac.nz

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

INSTRUCTIONS

The purpose of this re-enrolment form is to maintain all the information we need to re-enrol you into a programme of study that leads to the award of 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 blue or black pen, or by ticking the box that applies for multiple-choice questions.
- Dating and signing the form.

Please fill in ALL sections

Student Name: **Date:**

A	**QUALIFICATION**		
1	Please tick the qualification you wish to re-enrol:	☐ Master of Chinese Medicine ☐ Bachelor of Health Science with major in: 1. ☐ Chinese Medicine (CM) 2. ☐ Acupuncture (Acu) ☐ New Zealand Diploma in Remedial Massage Level 6 ☐ New Zealand Diploma in Relaxation and Wellness Massage Level 5	*Office Use*
2	Start Date for this enrolment period:	8 Feb 2027	
	Planned Finish Date for this enrolment period:		
3	Do you intend to study:	*Part time* ☐ *Full time* ☐	
4	Do you have any learning support needs? E.g. special learning disorder (SLD), visual or hearing impairments, neurodiverse or multi-sensory needs. No: ☐ Yes ☐(please provide details:		
5	Please enter the name (s) of the courses you wish to enrol in 2027S1&2027S2:		

Semester 1	**Semester 2**

Note: Acceptance is subject to you meeting any pre- and co-requisite requirements

B PERSONAL DETAILS

6	Print your full legal name: *Family Name:*					
	Given Name(s):					
7	Preferred first name:					
8	NZCCM Student ID number:					
9	Preferred title:	*Ms* ☐	*Miss* ☐	*Mrs* ☐	*Mr* ☐	*Other (Specify):*
10	Date of birth:	☐☐ ☐☐ ☐☐☐☐ *day* *month* *year*	**11**	Gender:	*Male* ☐ *Female* ☐ Gender not listed ☐	

12	Confirmation of Citizenship and Residency Status: If your status has changed since your last enrolment period with NZCCM, you may need to supply evidence of residence or citizenship (Passport or birth certificate)	Tick the box which best describes your citizenship: *New Zealand Citizen* ☐ NZL *Australian Citizen* ☐ AUS *Other* ☐ If "*Other*", Please specify your Country of Citizenship (For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.): Country of Citizenship: _____ Tick the box if you have New Zealand Permanent Residency Status: *New Zealand Permanent Resident* ☐ NZP

C	**ACADEMIC INFORMATION**		
13		What year do you expect to complete the academic requirements for your qualification? *Year* ☐☐☐☐	
D	**YOUR CONTACT DETAILS**		
14	Address and contact details:	*Home Address:* *Post Code:* *You can find a New Zealand postcode online using the NZ Post Address & Postcode Finder.*	*Postal Address: (if different from home address)* *Post Code:*
		Phone: ( )	*Mobile:*
		Email:	

**** Please note that you are required to notify NZCCM of any change in your contact details so that correspondence sent to you by the College can be received.***

15	Next of Kin:	*Name and address*	*Phone: ( )*

			Relationship to you:

ALTERATIONS or CANCELLATIONS

The College reserves the right to:

- **Cancel a course or programme due to insufficient enrolment numbers.**
- **Change a course delivered in any Semester to meet exit qualification requirements.**
- **Make changes to its policies, procedures, and requirements as deemed necessary, subject to Council and Senior Management approval.**
- **Alter the course content, provision, or fees for any course or programme subject to NZQA and TEC approval.**
- **All tuition fees (without limitation), and any promotional discounts offered, only apply to the current academic year of this tuition agreement and are subject to annual review in accordance with NZQA and Tertiary Education Commission (TEC) fee-setting policies. There is no implied right to ongoing access to discounts.**

DECLARATION

Privacy Statement –

The Privacy Act 2020 has the stated aim of protecting and promoting the privacy of individuals. It governs the collection, use, storage and disclosure of personal information. [name of TEO] handles personal information in accordance with the 13 information privacy principles in the Act.
NZCCM collects and stores personal information from this form to:

- comply with the requirements of the Education and Training Act 2020 and other legislation relating to maintenance of records
- manage its business, including internal reporting, administrative processes and selection of scholarship and award/prize winners; and
- supply information to government agencies and other organisations, as set out below.

NZCCM will comply with all legal requirements in relation to the use and disclosure of personal information, as set out in the Privacy Act 2020. You are entitled to see any information that NZCCM holds about you and request that any errors in the information be corrected. To do so, contact the Enrolments Officer.

Disclosure of personal information to government agencies
NZCCM may supply personal information collected on this form to the following government agencies:

- Tertiary Education Commission
- Ministry of Education
- New Zealand Qualifications Authority
- Ministry of Social Development
- Inland Revenue
- Ministry of Business, Innovation and Employment, including Immigration New Zealand; and
- when required by law, New Zealand Police, Department of Justice and the Accident Compensation Corporation.

The government agencies listed above may use the personal information supplied to them to:

- administer the tertiary education system, including allocating funding and the administration of the Fees Free schemes
- develop policy advice for government
- conduct statistical analysis and research
- update the New Zealand Record of Achievement
- include in the National Student Index or use in an authorised information matching programme with the New Zealand Birth Register
- fulfil their statutory responsibilities
- supply it to Statistics New Zealand to be integrated in Statistics New Zealand's Integrated Data Infrastructure.

Disclosure of personal information to other agencies and organisations
NZCCM may also supply personal information as applicable to:

- other educational organisations for the purpose of verifying academic records
- Education New Zealand for the purposes of supporting international students

- scholarship providers for the purposes of administering scholarships
- debt collection agencies for the purposes of recovering unpaid fees

Storage of personal information
Data collected from tertiary education organisations are stored in the Cloud. Student enrolment and course and qualification completion data are stored in a Microsoft datastore based in Sydney, Australia.

Your personal details (name, date of birth, and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above 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. Integrated data is used for the production of official statistics, to inform policy advice to government, and for research purposes.

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. You also acknowledge NZCCM's policy on Fees, withdrawal and refund of fees, contained in the NZCCM prospectus.

Rules – By signing this enrolment form, you agree to comply with NZCCM policies, rules, and regulations, which include (without limitation) attendance, academic integrity and progress, conduct, and use of information, as published annually in the student handbook.

Deferral – If you want to defer your re-enrolment, please contact the enrolment team who can support and assist you through the process.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this re-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.

SIGN

_____ _____/_____/_____

Signature **Date**

BEFORE SUBMITTING YOUR RE-ENROLMENT AND TUITION AGREEMENT

➢ ***Please make sure that you have signed the form above*** ➢

Office Use Only		
Programme Leader	***Approved***	***Entered***
_____	_____	_____
_____/_____/_____	_____/_____/_____	_____/_____/_____