



CRICOS QLD 00244B NSW 02225M

## Tertiary Programme Application Form

### Personal Details

Family Name	<input style="width: 95%;" type="text"/>	Date of Birth	<input style="width: 95%;" type="text"/>						
Given Name	<input style="width: 95%;" type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female						
Preferred Name	<input style="width: 95%;" type="text"/>	Phone Number	(    ) <input style="width: 80%;" type="text"/>						
Street Address	<input style="width: 95%;" type="text"/>	Fax Number	(    ) <input style="width: 80%;" type="text"/>						
Suburb	<input style="width: 95%;" type="text"/>	Mobile Number	(    ) <input style="width: 80%;" type="text"/>						
City	<input style="width: 95%;" type="text"/>	Email Address	<input style="width: 95%;" type="text"/>						
Country	<input style="width: 95%;" type="text"/>								
Postal Code	<input style="width: 95%;" type="text"/>								
Emergency Contact Person	<input style="width: 95%;" type="text"/>								
Emergency Number	(    ) <input style="width: 95%;" type="text"/>								
Passport Number	<input style="width: 95%;" type="text"/>								
Type of Visa	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Student <input type="checkbox"/></td> <td style="width: 33%;">Working Holiday <input type="checkbox"/></td> <td style="width: 33%;">Citizen <input type="checkbox"/></td> </tr> <tr> <td>Work <input type="checkbox"/></td> <td>Visitor <input type="checkbox"/></td> <td>Others <input type="checkbox"/></td> </tr> </table>			Student <input type="checkbox"/>	Working Holiday <input type="checkbox"/>	Citizen <input type="checkbox"/>	Work <input type="checkbox"/>	Visitor <input type="checkbox"/>	Others <input type="checkbox"/>
Student <input type="checkbox"/>	Working Holiday <input type="checkbox"/>	Citizen <input type="checkbox"/>							
Work <input type="checkbox"/>	Visitor <input type="checkbox"/>	Others <input type="checkbox"/>							

### Programme Details

I wish to enroll into the following programme (please ✓):

USQ Bachelor of Business / UUNZ Diploma of Business Administration (Level 7)	<input type="checkbox"/>
USQ Bachelor of Business Administration / UUNZ Diploma of Business Administration (Level 7)	<input type="checkbox"/>
USQ Bachelor of Information Technology / UUNZ Diploma in Information Technology (Level 7)	<input type="checkbox"/>
USQ Bachelor of Commerce (Accounting) / UUNZ Diploma of Business Administration (Level 7)	<input type="checkbox"/>
New Zealand Diploma in Business (Level 5)	<input type="checkbox"/>
New Zealand Diploma in Business (Level 6)	<input type="checkbox"/>
Programme start date (please specify your preferred intake)	

## **Academic Qualifications**

Please provide details of the highest qualifications you have achieved:

Name of institution attended		
Town/City:	Country:	
Name of programme (not papers/subjects)		
Period of study	From:	To:
Qualification completed	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## **English Proficiency**

IELTS	Date of Exam:	Result:
TOEFL	Date of Exam:	Result:
UUNZ English Language Competency Test	Achieved <input type="checkbox"/>	Not Achieved <input type="checkbox"/>

## **Accommodation Requirement**

Would you like UUNZ to arrange homestay accommodation for you?	Yes <input type="checkbox"/> -> please answer other questions in this section	No <input type="checkbox"/>
What is the length of your stay?	Weeks	
Start Date	/ /	
End Date	/ /	
Do you have health problems or allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If yes, please explain in detail)		
Do you like pets?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you mind family that smokes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you like to live with	Children <input type="checkbox"/>	No children <input type="checkbox"/>
Other special needs or requests?		

## **Guardian Details**

Students aged below 18 must complete the following details.

Guardian's Name		Relationship	
Street Address		Phone Number	
		Fax Number	
Suburb		Mobile Number	
City		Email Address	
Country			

## **Payment Details**

Please make your draft or bank cheque payable to: UUNZ Institute of Business

For remittance, please refer to the following details:

Account Name: 7494483TR01 UUNZ Institute of Business/Public Trust

Bank: Bank of New Zealand

Address: North End Branch, 100 Lambton Quay, Wellington, New Zealand

Account No: 02-0536-0305865-01

SWIFT Code: BKNZ NZ22

**Privacy Act** UUNZ collects and stores information from this form and your records to comply with the requirements of the Ministry of Education and the New Zealand Qualifications Authority (NZQA). This information is also used to select students for programmes, to manage internal administrative processes and for internal reports information about students that may be supplied to and sought from other educational institutions for the purpose of verifying academic records. In addition, when required by statute, UUNZ releases information to government agencies such the NZ Police, Department of Justice, the Immigration Service and the Accident Rehabilitation Compensation Corporation. You must see any information held about you and amend any errors in that information. To do so, please contact the Registrar. Failure to provide the information requested may result in the refusal of your enrolment. You have an obligation to advise the school when any of your details change.

## **Declarations**

This enrolment form must be signed for the application to be processed.

1. I certify that the application details are correct and understand that the school may suspend my enrolment if false information has been supplied.
2. I understand that if I am accepted on to a course at UUNZ, I will inform myself of all the requirements and regulations and will be responsible for the payment of fees on the due date.
3. I have read and understand the outline of how the Privacy Act will be applied at UUNZ and I authorize the school to collect, use and disclose personal information about me in accordance with that outline and the Privacy Act 1993.
4. I authorize any agency holding the source of any information supplied on this form to release that information to the school on request.
5. I have read and understand the Cancellation Policy of enrolment.
6. I must have medical and travel insurance in place while I am on a temporary visa in New Zealand (eg. Student Visa) and I must provide a copy of my insurance certificate to UUNZ for record purposes. If I am not able to show proof of appropriate and current medical and travel insurance to cover the period of study at UUNZ or my insurance has expired for more than one week without providing UUNZ with new insurance, I authorize UUNZ to arrange insurance for me and pass the cost onto me.
7. I must update UUNZ immediately if I change my address, contact telephone numbers or email address.

**Signature of applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_

(If applicant is under 18, guardian or parents must sign)

**Date:** \_\_\_\_\_