

2012 Interest Course Application Form

- Please answer every question under each heading. The New Zealand government requires us to collect all the information and documentation requested in this form.
- Please send all application forms to Auckland Administration Centre, P O Box 9865, Newmarket, Auckland 1149.

A. PERSONAL DETAILS

<p>Surname/Family name _____</p> <p>First name/s _____</p> <p>Preferred name _____</p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Date of birth Day/Month/Year / /</p> <p>Postal address _____</p> <p>_____ Post Code _____</p> <p>Phone Home _____ Mobile _____</p> <p>Work _____ Email _____</p> <p>Emergency contact Name _____ Phone _____</p> <p>Citizenship <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> New Zealand permanent resident <input type="checkbox"/> Australian citizen <input type="checkbox"/> Other</p> <p>If other, please contact administration for an international student application form.</p> <p>Ethnicity</p> <table border="0"> <tr> <td><input type="checkbox"/> African</td> <td><input type="checkbox"/> Fijian</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Polish</td> <td><input type="checkbox"/> Tokelaunen</td> </tr> <tr> <td><input type="checkbox"/> Australian</td> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Latin American</td> <td><input type="checkbox"/> Samoan</td> <td><input type="checkbox"/> Tongan</td> </tr> <tr> <td><input type="checkbox"/> British/Irish</td> <td><input type="checkbox"/> German</td> <td><input type="checkbox"/> Middle Eastern</td> <td><input type="checkbox"/> South Slav</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> Cambodian</td> <td><input type="checkbox"/> Greek</td> <td><input type="checkbox"/> Niuean</td> <td><input type="checkbox"/> Sri Lankan</td> <td><input type="checkbox"/> Other Asian</td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Indian</td> <td><input type="checkbox"/> NZ European/Pakeha</td> <td><input type="checkbox"/> Other SE Asian</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Cook Island Māori</td> <td><input type="checkbox"/> Italian</td> <td><input type="checkbox"/> NZ Māori – please specify Iwi</td> <td><input type="checkbox"/> Other European</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Dutch</td> <td><input type="checkbox"/> Japanese</td> <td>_____</td> <td><input type="checkbox"/> Other Pacific Peoples</td> <td></td> </tr> </table>	<input type="checkbox"/> African	<input type="checkbox"/> Fijian	<input type="checkbox"/> Korean	<input type="checkbox"/> Polish	<input type="checkbox"/> Tokelaunen	<input type="checkbox"/> Australian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Latin American	<input type="checkbox"/> Samoan	<input type="checkbox"/> Tongan	<input type="checkbox"/> British/Irish	<input type="checkbox"/> German	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> South Slav	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Greek	<input type="checkbox"/> Niuean	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Indian	<input type="checkbox"/> NZ European/Pakeha	<input type="checkbox"/> Other SE Asian		<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Italian	<input type="checkbox"/> NZ Māori – please specify Iwi	<input type="checkbox"/> Other European		<input type="checkbox"/> Dutch	<input type="checkbox"/> Japanese	_____	<input type="checkbox"/> Other Pacific Peoples		<p style="text-align: center; font-weight: bold; margin: 0;">OFFICE USE ONLY</p> <p>NZCM number</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>NSI number if known</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>IRD number for Student Loan Interest Write Off</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div>
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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. For further information please see www.nsi.govt.nz/ima

B. ACADEMIC AND VOCATIONAL INFORMATION

Main activity as at 1 October 2011

<input type="checkbox"/> Secondary school student	<input type="checkbox"/> Wānanga student	<input type="checkbox"/> Wage or salary work
<input type="checkbox"/> Self-employed	<input type="checkbox"/> University student	<input type="checkbox"/> Polytechnic student
<input type="checkbox"/> College of education student	<input type="checkbox"/> House person or retired	<input type="checkbox"/> Overseas (irrespective of occupation)
<input type="checkbox"/> Non-employed or beneficiary (excl. retired)	<input type="checkbox"/> Private training establishment student	

Tertiary education In what year did you first study at a tertiary level? (If this is your first year put 2012) _____

Secondary school What was the name of the last secondary school you attended? State overseas if applicable.

What was your last year at secondary school? e.g. 1988 _____

What is the highest academic qualification you hold from a secondary school?

- No formal secondary school qualifications
- NCEA Level 3 or Bursary or Scholarship
- 14 or more credits at any level
- Overseas qualification (includes International Baccalaureate & Cambridge Exams)
- NCEA Level 1 or School Certificate
- Other _____
- NCEA Level 2 or 6th Form Certificate
- Not known _____
- University entrance
- Please specify if 'Overseas qualification' or 'Other' _____

C. HEALTH The information you supply is confidential

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

If yes, please specify _____

Are you presently under the care of a physician, therapist or on medications of any kind? Yes No

If yes, please specify _____

Health declaration: I declare that to the best of my knowledge I have no communicable diseases (e.g. HIV, Hepatitis) or physical or psychological impairments that will affect my ability to undertake study and/or **give and receive** massage safely.

Signature _____ Date _____

Please note: If this declaration is not signed, we will contact you for further information.

D. LANGUAGE/LEARNING The information you supply is confidential

Do you have any language/learning difficulties? e.g. Reading, writing, dyslexia Yes No

If yes, please specify _____

Is English your 2nd language? Yes No

If yes, please supply evidence of English language oral and written competency to Academic IELTS level 5.5 or above _____

E. COURSE ENROLMENT

At which campus do you intend to study? Choose ONE from the following Auckland Wellington

Original application form must be received. If the information requested by the college is not supplied, your application will be returned to you and consequently, your enrolment delayed. Therefore, please ensure you have enclosed the following:

Verified[†] evidence of name, date of birth and citizenship or permanent residency (drivers licence is not an acceptable form of identification).

NZ Birth Certificate or **NZ Passport or Overseas passport with NZ Residency**

Please note that if you have changed your name you will need to provide verified evidence of this also.

[†] For a verified copy, the **original** document is sighted, and a photocopy then signed, by a Justice of the Peace (JP), a solicitor or NZCM Administration staff. They are authorised to certify that the copy is a true copy of the original.

A \$75 non-refundable enrolment fee*. You can pay this using the credit card authorisation below or by posting in a cheque with your application. You can also pay by cash or EFTPOS at the Auckland Administration Centre during office hours (8.30 a.m.–5.00 p.m. Monday to Friday).

*NZCM charges a one-off non-refundable enrolment fee in addition to your course fees the first time you enrol.

Original application form and verified copies of documents must be mailed to us. A faxed/emailed copy will not be processed

I authorise The New Zealand College of Massage Ltd to debit my credit card as follows: *

Credit card number: Expiry date: /

Name on card: Amount: \$

* Please note: the College accepts Visa or Mastercard. A surcharge of 2% applies to credit card payments.

Signature: _____ Date: _____

The full balance of fees for all courses you have enrolled in is due before the start of the first course in your qualification. Retain a photocopy of the entire application for your own records. Sign and date the declaration on page iv.

Please go to page iv to read, sign and date your application

Please check prerequisites for each course.

Course	Fee GST incl.	International Fees	First date choice	Second date choice
Massage Stage One (Intro to Massage)	\$195	\$234		
Massage Stage Two	\$225	\$270		
Massage Stage Three	\$235	\$282		
Massage Stage Four	\$245	\$294		
Massage Stage Five	\$290	\$348		
Human Anatomy and Physiology (Intro)	\$1195	\$1794		
First Aid (incl. admin charge for NZQA reporting)	\$250	\$290		
Applied Aromatherapy (incl. \$25 sample oils pack)	\$495	\$594		
Holistic Pulsing	\$465	\$558		
Hot Stone Massage (Introduction)	\$270	\$325		
Massage Practice Management	\$270	\$325		
Massage for Pregnancy	\$260	\$310		
Massage and Sports Therapy	\$465	\$558		
On-site Chair Massage	\$465	\$558		
Ortho-Bionomy	\$465	\$558		
Polarity/Energy Balancing (Auckland only)	\$465	\$558		
Reflexology	\$465	\$558		
Total Course Fees				
One-off Enrolment Fee (if applicable)	\$75	\$75		
Total Fees				

Please turn over to read, sign and date your application

Declaration

Privacy

The New Zealand College of Massage Ltd 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. 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 College 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 College 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 Registrar.

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>

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 agree to abide by the College's policy on withdrawals and refunds as set out in the prospectus.

NOTE: the GST rate is 15%

Credit cards accepted are MasterCard and Visa. Credit card transactions will incur a 2% surcharge.

Rules

In signing this enrolment form you undertake to comply with the published rules and policies of the College with regard to attendance, academic progress, standard of dress, health and safety, and behaviour. Please read the general information section of the prospectus for more details.

Academic Requirements

- Demonstrate competency in all assessment tasks.
- Minimum 95% attendance for all in-class hours. Exceptional circumstances may be negotiated.
- Completion of all assignments and case studies for classes by due date.
- Payment of all tuition and non-tuition fees.

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 agree to abide by the conditions as described above and I consent to the disclosure of personal information as described above. I will make myself familiar with the requirements in regard to student behaviour at NZCM.

I will obey the Student Code of Conduct and acknowledge that if I breach this Code I will be subject to penalties imposed according to College Disciplinary Procedures.

How did you find out about The New Zealand College of Massage?

- Internet Search Internet promotion Internet (other e.g. Facebook)
 Friend Newspaper Other

How did you find our website? _____

SIGN HERE

Student signature _____ Date _____

OFFICE USE ONLY

All information received, declaration signed and student offered a place on the course? Yes No

If no, what is required? _____

College Signature _____ Date _____

Designation within College _____