

## STUDENT APPLICATION TO ENROL 2024

To apply please complete ALL sections on page 1 and 2 of this form.  
A verified birth certificate or current passport must be provided.

### PERSONAL DETAILS

Programme Applying For	<input type="text"/>	Programme level	2 <input type="checkbox"/>	3 <input type="checkbox"/>			
Programme Location	<input type="text"/>	Title	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Miss <input type="checkbox"/>	Other <input type="checkbox"/>
Secondary School	<input type="text"/>	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Gender Diverse <input type="checkbox"/>		
Legal Surname	<input type="text"/>	D.O.B	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>		
Legal First Names	<input type="text"/>	National Student Number (NSN) or NZQA No. (if known)	<input type="text"/>				
Legal Middle Names	<input type="text"/>	UCOL Student ID (if known)	<input type="text"/>				
Preferred Name	<input type="text"/>	Year Level in 2024	11 <input type="checkbox"/>	12 <input type="checkbox"/>	13 <input type="checkbox"/>	14 <input type="checkbox"/>	
Previous Name (if different)	<input type="text"/>	Age at start of programme	<input type="text"/>				

Are you a New Zealand Citizen or Permanent Resident? YES  NO  If no do you have a current student VISA? YES  NO

Home address (Results will be sent to your home address unless otherwise advised)	<input type="text"/>	Alternative address (While studying if different from home)	<input type="text"/>
Home Phone #	<input type="text"/>	Alt. Phone #	<input type="text"/>
Mobile number	<input type="text"/>	Email address	<input type="text"/>

Please circle your preferred method of contact: Phone / Email / Text

### PARENT/GUARDIAN CONTACT DETAILS

Name	<input type="text"/>	Address	<input type="text"/>
Relationship to student	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone #	<input type="text"/>	Alt. Phone #	<input type="text"/>
Mobile number	<input type="text"/>	Email address	<input type="text"/>

### ETHNICITY

With which of the following ethnic groups do you identify?

- |   |   |   |                                   |                                     |                                     |
|---|---|---|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Niuean         | <input type="checkbox"/> Chinese            | <input type="checkbox"/> Filipino | <input type="checkbox"/> Cambodian  | <input type="checkbox"/> Polish     |
| <input type="checkbox"/> New Zealand Māori  | <input type="checkbox"/> Samoan         | <input type="checkbox"/> Australian         | <input type="checkbox"/> Dutch    | <input type="checkbox"/> Greek      | <input type="checkbox"/> Korean     |
| <input type="checkbox"/> Cook Island Māori  | <input type="checkbox"/> Tokolauan      | <input type="checkbox"/> British            | <input type="checkbox"/> German   | <input type="checkbox"/> Japanese   | <input type="checkbox"/> South Slav |
| <input type="checkbox"/> Fijian             | <input type="checkbox"/> Tongan         | <input type="checkbox"/> Indian             | <input type="checkbox"/> African  | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Italian    |
| <input type="checkbox"/> Latin American     | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other (not listed) |                                   |                                     |                                     |

For New Zealand Māori, please identify your Iwi  
(You may list more than one)

## U-SKILLS PROGRAMME DETAILS

Have you attended a programme at UCOL before?

Please advise what the programme was: i.e. STAR, U-Skills.

Are you applying for any other Trades Academy Programme?

## MEDICAL AND LEARNING NEEDS

Do you have a medical or learning condition you want U-Skills to be aware of? YES  NO

If YES, please specify

Do you have an impairment, long term injury, specific learning disability, chronic illness, or a mental health condition?

YES  NO  If YES, please specify

Do you require any additional support? YES  NO

If YES please specify. (For example Reader / Writer Provision)

In an emergency, do you need assistance to evacuate the building?  YES  NO

## IMPORTANT – PLEASE READ CAREFULLY AND SIGN/DATE BELOW

### Privacy

UCOL/Te Pūkenga collects and stores information from this form to comply with the requirements of the Ministry of Education, Tertiary Education Commission for funding and student statistical returns and other third parties, including Secondary Schools and parents/guardians. In signing this enrolment form you authorise such disclosure.

### National Student Index Number

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](http://www.nsi.govt.nz/ima).

### Rules

In signing this Application to Enrol you undertake to comply with UCOL/Te Pūkenga and U-Skills' academic policies and statutes and other rules and regulations. An application is not a guarantee of a place on a programme until the enrolment process is completed and confirmed by U-Skills. Programmes offered may not run in all locations. U-Skills reserves the right to cancel or withdraw a programme and will not be liable for any related costs incurred by you or to compensate you. UCOL/Te Pūkenga may, if it enrolls you, withdraw its approval for you to stay enrolled after consulting you if you breach UCOL/Te Pūkenga's rules or if you are not enrolled at a school.

### Declaration

I declare that to the best of my knowledge all the information supplied on and with this application to enrol is true and complete. I agree to abide by the terms, conditions & requirements of the programme and I consent to the disclosure of personal information as described above.

We give permission to take photographic images of my son/daughter for publicity purposes.

I understand that if I have supplied false information or do not comply with the rules and regulations of UCOL/Te Pūkenga or U-Skills, my enrolment may be cancelled. I undertake to protect my password from improper use; in particular, I declare I will not disclose my password to any third party.

Student Signature

Date

Parent/Guardian  
Signature

Date

I have provided a verified birth certificate or current passport (please tick)

# SECONDARY SCHOOL ENDORSEMENT STUDENT ELIGIBILITY/SUPPORT FORM 2024

This section to be completed by partner **secondary schools after** the student applying has completed the above application **in full**. Its purpose is to confirm eligibility and help U-Skills identify any additional support the student may require.

Student name

NSN number

Endorsement completed by

Is this student applying for any other Trades Academy programme with another provider? YES   
If **YES** please also notify the Director Secondary Tertiary in writing.

Please return this form with the following documentation:

A **verified** copy\* of the student's birth certificate or passport       A copy of the student's KMAR Academic Record and Attendance Record or equivalent

\* A copy which has been signed by a Justice of the Peace, NZ Police or a UCOL/Te Pūkenga Staff member. This confirms that the copy is a true photocopy of the sited original

## CHECKLIST TO CONFIRM STUDENT ELIGIBILITY (Please tick to confirm)

NCEA Level (working towards in 2024)       Level 1       Level 2       Level 3

Transport Requirement Discussed       Yes       No

Note: Any concerns around the eligibility of individual students please contact the Director Secondary Tertiary.

## School Name

[school name] accepts that this application to enrol with U-Skills will mean a dual enrolment at both U-Skills and the respective secondary school as set out by the Ministry of Education.      Signed (Principal/Delegate)

Name

Date

Please provide specific comments on any areas that may impact on the student's success or learning.

For example: attendance, behaviour, participation, learning support requirements, health issues, relationships.