

Welcome to Te Pūkenga - New Zealand Institute of Skills and Technology, trading as UCOL.

Note: To be eligible, you must be considered a domestic student.

1 Personal Details

Have you previously enrolled at UCOL, Manawatū Polytechnic, Wanganui Regional Community Polytechnic or Wairarapa Community Polytechnic before?

Yes No

If Yes, your Student ID (if known):

National Student Number (NSN) (if known):

Date of Birth: DAY MONTH YEAR

Preferred Name(s):

Legal First Name(s):

Legal Surname:

Any previous names (e.g. maiden name):

Gender: Male Female Gender Diverse

Please specify (optional):

Title: Mr Ms Mrs Miss

Other, please specify:

Citizenship and Residency Status:

- New Zealand Citizen
 Australian Citizen/Permanent Resident
 New Zealand Permanent Resident
 Other, please specify:

What ethnic group(s) do you belong to?

If you identified as New Zealand Māori, please specify iwi:

Please supply us with current contact information so that we can keep you informed of your application status.

Mailing Address while studying at UCOL:

STREET ADDRESS

SUBURB

TOWN/CITY POSTCODE

Home Phone:

Work Phone:

Mobile:

Email:

Emergency Contact Person:

Name:

Relationship to you:

Phone:

2 Programme

Please write the full name of the programme you are applying for:

Start date:

Which UCOL campus will you be studying at?

Manawatū Whanganui Wairarapa

Horowhenua Other, please specify:

3 Secondary School Education

Name of last secondary school attended:

When did you study at your last secondary school?

YEAR to YEAR

What is the highest level of achievement you hold from a secondary school? (Please tick one box only)

- No formal secondary qualification
 14 or more credits at any level
 NCEA Level 1 or School Certificate
 NCEA Level 2 or Sixth Form Certificate
 University Entrance
 NCEA Level 3 or Bursary or Scholarship
 Overseas qualification (includes International Baccalaureate and Cambridge Exams)
 Other, please specify:

4 Prior Activity

What was your main activity or occupation in New Zealand on 1 October, prior to the date of your programme starting?

Please tick only one box.

- Secondary School student
- Self-employed
- Private Training Establishment student
- Non-employed or beneficiary (excluding retired)
- University student
- House-person or retired
- Wage or salary worker
- Polytechnic/Institute of Technology student
- Wānanga student
- Overseas

5 Disability Details

Do you live with the effects of an injury, long-term illness or impairment?

Yes No

If yes, please indicate your condition/disability by ticking the boxes that apply to you.

- Deaf
- Speech
- Hearing impairment
- Mental Health
- Head Injury
- Neurodiversity (Dyslexia, ADHD, Autism Spectrum Disorder, Dyspraxia, Discalculia)
- Medical, please specify:
- Other, please specify:
- Blind
- Specific Learning Disability
- Mobility
- Vision impairment
- Intellectual Disability

Reasonable additional support is available for students with medical conditions, disabilities and/or learning difficulties.

6 Acknowledgement & Declaration

I hereby apply for enrolment at UCOL and I understand and agree to the following:

- a) As soon as UCOL receives my ACE Application Form and verified proof of my identity, I have a provisional contract to study at UCOL.
- b) That my enrolment at UCOL is subject to UCOL sending me a Confirmation Letter.
- c) That if I receive a UCOL Confirmation Letter I will participate in course/s I am enrolled in and use my best efforts to successfully complete those course/s.
- d) I undertake to comply with all UCOL's statutes, policies and procedures. (These are available through the UCOL website www.ucol.ac.nz).
- e) UCOL collects and stores the above information about you relating to your studies. In signing the ACE Application Form, you authorise the collection and holding of this information. Under the Privacy Act 2020 you may ask UCOL to provide you with copies of the information it holds about you. If you disagree with any such information you may ask to have it corrected.
- f) UCOL can use any photographs/videos and/or recordings taken of me for the purpose of marketing and media during and after my enrolment at UCOL. I agree to sign other documents required by UCOL for this purpose (if applicable).
- g) That the information I have given UCOL is true, and complete in all respects.
- h) That I have read, I understand, and I agree to the Acknowledgement and Declaration section of this ACE Application Form.
- i) If I am a secondary school student, I have attached my school principal's written consent.

Signature:

Date:

DAY	MONTH	YEAR
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Signature of Parent/Guardian:

Date:

DAY	MONTH	YEAR
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You have now completed this form. Please return this form to us at:

UCOL Student Registry, Freepost 460, Private Bag 11022, Palmerston North or email it to studentregistry@ucol.ac.nz