

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

### 1 PERSONAL INFORMATION

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

Yes  No

If Yes, your Student ID:

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:

Contact:

Relationship to you:

Phone:

### 2 PROGRAMMES

Please write the full name of the programmes 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:

Which years did you study from 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, please specify:

#### 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  Blind  
 Speech  Specific Learning Disability  
 Hearing impairment  Mobility  
 Mental Health  Vision impairment  
 Medical, please specify:   
 Other, please specify:

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:

- As soon as UCOL receives my ACE Enrolment Form and verified proof of my identity, I have a conditional contract to study at UCOL.
- That my enrolment at UCOL is subject to UCOL sending me a Confirmation Letter.
- 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.
- I undertake to comply with all UCOL's statutes, policies and procedures. (These are available through the UCOL website [www.ucol.ac.nz](http://www.ucol.ac.nz)).
- UCOL collects and stores the above information about you relating to your studies. In signing the ACE Enrolment 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 in holds about you. If you disagree with any such information you may ask to have it corrected.
- 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 required).
- That the information I have given UCOL is true, and complete in all respects.
- That I have read, I understand, and I agree to the Acknowledgement and Declaration section of this ACE Enrolment Form.
- If I am a secondary school student, I have attached my principal's written consent.

Signature:

Date:  DAY  MONTH  YEAR

Signature of Parent/Guardian:

Date:  DAY  MONTH  YEAR

**Please mail completed form to:**

**UCOL Information Centre**  
Private Bag 11022  
Palmerston North  
Freepost 460

**Or drop it into one of our Information Centres:**

**UCOL Manawātū:** 18 Princess Street, Palmerston North  
**UCOL Wairarapa:** 143 Chapel Street, Masterton  
**UCOL Whanganui:** 16 Rutland Street, Whanganui  
**UCOL Horowhenua:** 160 Oxford Street, Levin

**Contact Us:**

0800 GO UCOL (0800 46 8265)  
[www.ucol.ac.nz](http://www.ucol.ac.nz)  
[enquiry@ucol.ac.nz](mailto:enquiry@ucol.ac.nz)