UCOL
Universal College of Learning
Te Pāe Mātauranga Ki Te Ao

Adult Community Education (ACE) Enrolment Form

FOR OFFICE USE ONLY: NSN Status _____ Signature _____
Name _____ Date _____

1 PERSONAL INFORMATION

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

☐ **Yes** ☐ **No**

If Yes, your Student ID

National Student Index (NSI) Number (if known)

Date of Birth: Day Month Year

Preferred Name(s)

Legal First Name(s)

Legal Surname

If you have previously enrolled at UCOL, Manawatu Polytechnic, Wanganui Regional Community Polytechnic or Wairarapa Community Polytechnic under a different name, what was that name?

Legal Gender: ☐ Male ☐ Female

Preferred Gender (optional):

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Miss

Other, please specify

Citizenship & 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 Maori, 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

Do you have a preferred contact method?

☐ Post ☐ Email ☐ Text (mobile) ☐ Any

Emergency Contact Person:

Contact
Relationship to you
Phone

2 COURSES

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

Which UCOL campus will you be studying at?

☐ Palmerston North ☐ Auckland
☐ Wairarapa ☐ Other
☐ Whanganui

3 SECONDARY SCHOOL EDUCATION

Name of last secondary school attended:

Which years did you study from at your last secondary school? to

3 SECONDARY SCHOOL EDUCATION (continued)

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 - specify _____

4 PRIOR ACTIVITY

What was your main activity or occupation in New Zealand on the 1st 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
- ☐ Overseas - specify: _____
- ☐ Wage or salary worker
- ☐ Polytechnic/Institute of Technology student
- ☐ Wananga student

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
- ☐ Psychological/ Psychiatric disability
- ☐ Blind
- ☐ Specific learning disability
- ☐ Mobility
- ☐ Vision impaired
- ☐ Medical - specify: _____
- ☐ Other - specify: _____

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

6 ACKNOWLEDGEMENT & DECLARATION

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

a) As soon as UCOL receives my ACE Enrolment Form and verified proof of my identity, I have a conditional 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 Enrolment Form, you authorise the collection and holding of this information. Under the Privacy Act 1993 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 required).

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 & Declaration section of this ACE Enrolment Form.

Signature _____ 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:
Cnr of Princess and King Streets, Palmerston North
143-159 Chapel Street, Masterton
16 Rutland Street, Wanganui

Contact us:
0800 GO UCOL
0800 46 8265
Website: www.ucol.ac.nz
Email: enquiry@ucol.ac.nz