

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

To apply please complete ALL sections on page 1 and 2 of this form.

A **verified NZ/AUS birth certificate/passport** or **passport and visa** must be provided..

#### 1 Personal Details

Programme Applying For	<input type="text"/>	Programme Level	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Programme Location	<input type="text"/>	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Secondary School	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender Diverse	
Legal Surname	<input type="text"/>	Date of Birth	<input type="text"/> DAY	<input type="text"/> MONTH <input type="text"/> YEAR
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 2026	<input type="checkbox"/> 11	<input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14
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)

ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
TOWN OR CITY	POSTCODE

Alternative Address (While studying if different from home)

ADDRESS 1	<input type="text"/>
ADDRESS 2	<input type="text"/>
TOWN OR CITY	POSTCODE

Home Phone Number

Alternative Phone Number

Mobile Number

Email address

Please select your preferred method of contact

☐ Phone ☐ Email ☐ Text

#### 2 Parent / Guardian Contact Details

Name	<input type="text"/>	Home Phone Number	<input type="text"/>
Relationship to Student	<input type="text"/>	Alternative Phone Number	<input type="text"/>
Address		Mobile Number	<input type="text"/>
ADDRESS 1	<input type="text"/>	Email address	<input type="text"/>
ADDRESS 2	<input type="text"/>		<input type="text"/>
TOWN OR CITY	POSTCODE		

#### 3 Ethnicity

With which of the following ethnic groups do you belong to? **You may tick up to 6 boxes.**

<input type="checkbox"/> NZ European/Pākehā	<input type="checkbox"/> Tongan	<input type="checkbox"/> South Slav	<input type="checkbox"/> Filipino
<input type="checkbox"/> New Zealand Māori	<input type="checkbox"/> Other Pacific People	<input type="checkbox"/> Other European	<input type="checkbox"/> Korean
<input type="checkbox"/> Australian	<input type="checkbox"/> British/Irish	<input type="checkbox"/> Chinese	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Dutch	<input type="checkbox"/> Indian	<input type="checkbox"/> Other Southeast Asian
<input type="checkbox"/> Fijian	<input type="checkbox"/> German	<input type="checkbox"/> Japanese	<input type="checkbox"/> African
<input type="checkbox"/> Niuean	<input type="checkbox"/> Greek	<input type="checkbox"/> Sri Lankan	<input type="checkbox"/> Latin America
<input type="checkbox"/> Samoan	<input type="checkbox"/> Italian	<input type="checkbox"/> Other Asian	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Tokolauan	<input type="checkbox"/> Polish	<input type="checkbox"/> Cambodian	

For New Zealand Māori, please identify your Iwi  
(You may list up to 6)

## 4 U-Skills Programme

Have you attended a programme at UCOL before?

☐ Yes ☐ No

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

Are you applying for any other Trades Academy Programme?

## 5 Medical and Learning Needs

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

☐ Yes ☐ No ☐ Prefer not to say

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

- |                                                       |                                                  |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Deaf                         | <input type="checkbox"/> Mobility                |
| <input type="checkbox"/> Blind                        | <input type="checkbox"/> Mental Health           |
| <input type="checkbox"/> Speech                       | <input type="checkbox"/> Vision Impairment       |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Hearing Impairment           |                                                  |

☐ Neurodiversity (Dyslexia, ADHD, Autism Spectrum Disorder, Dyspraxia, Discalculia), please specify:

☐ Medical, please specify:

☐ Other, please specify:

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

If "Yes", please select all the supports you **may** need.

- |                                                                                                                                                                  |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Access to assistive technology (e.g., for reading, writing, communication).                                                             | <input type="checkbox"/> New Zealand Sign Language Interpreter.                                                         |
| <input type="checkbox"/> Accessible format resources for course content.                                                                                         | <input type="checkbox"/> Support with reading, writing, and communication in learning sessions, exams, and assessments. |
| <input type="checkbox"/> Mobility and transport (e.g., navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan). | <input type="checkbox"/> Other learning or disability support.                                                          |
|                                                                                                                                                                  | <input type="checkbox"/> No, I do not need support at this time.                                                        |

## 6 Acknowledgement & Declaration

### 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

DAY

MONTH

YEAR

Parent/Guardian Signature

Date

DAY

MONTH

YEAR

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

Please take this completed application to your school to endorse and submit.

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 ☐ No  
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 2026) ☐ Level 1 ☐ Level 2 ☐ Level 3

Transport Requirement Discussed ☐ Yes ☐ No

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)

Date  DAY  MONTH  YEAR

Name

**Please provide detailed information about the applicant below so U-Skills can determine suitability for their chosen programme.**

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

Does the Applicant Have	Yes	No	Comments
Health Issues	<input type="checkbox"/>	<input type="checkbox"/>	
Learning Support Needs	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant Demonstrates	Yes	No	Comments
Good communication skills	<input type="checkbox"/>	<input type="checkbox"/>	
An acceptable level of maturity and reliability	<input type="checkbox"/>	<input type="checkbox"/>	
An ability to relate well to others displaying positive relationships	<input type="checkbox"/>	<input type="checkbox"/>	
A positive attitude towards learning including participating in group activities	<input type="checkbox"/>	<input type="checkbox"/>	
Any other information relating to this applicant?	<input type="checkbox"/>	<input type="checkbox"/>	

Please forward applications to this email address:

[uskillsenrol@ucol.ac.nz](mailto:uskillsenrol@ucol.ac.nz)