

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

Please complete the following

Secondary School

Name of STAR course in which you are enrolling

I am interested in courses at the

Manawatū Campus

Whanganui Campus

Wairarapa Campus

Horowhenua Campus

1 Personal Details

NSI Number

Family/Surname

First Name/s

Date of Birth

DAY

MONTH

YEAR

Male

Female

Gender Diverse

Home Address

ADDRESS 1

ADDRESS 2

TOWN OR CITY

POSTCODE

Phone number

Email address

Residency Status

New Zealand Citizen

Australian Resident

NZ Permanent Resident

Other, please specify:

2 Secondary School Education

Year you first attended secondary school?

What year level are you currently in at school?

How did you find out about the STAR course?

Have you previously attended a STAR course or any other programme at a Tertiary Institution?

If Yes: What course did you attend?

What is the highest level of achievement you hold from a secondary school? (please select one only)

No formal secondary qualification

14 or more credits at any level

NCEA Level 1

NCEA Level 2

Overseas qualification (incl. Baccalaureate and Cambridge exams)

Other, please specify

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 | Privacy Statement

UCOL collects and stores information about you. UCOL may use such information for its purposes. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records or otherwise. You authorise UCOL to release information about you to Government agencies including Ministry of Education and Tertiary Education Commission. In signing the STAR Enrolment Form you authorise the collection, holding and disclosure. 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.

5 | DECLARATION

- i. I undertake to comply with all UCOL statutes, policies and procedures. (These are available through the website www.ucol.ac.nz)
- ii. I acknowledge that I have not relied on UCOL's (and/or UCOL's agents or contractors) judgement that course(s) are suitable for any particular purpose or will achieve any particular result.
- iii. I acknowledge that, apart from the statements and warranties expressly given to me in writing by UCOL, all other statements and warranties (express or implied) are excluded.
- iv. I agree that I may only withdraw if UCOL's Information Centre or Student Registry Services receives a Change of Details/Circumstances Form which is duly completed and signed by me.
- v. I undertake that I will complete the course(s). I believe that I have a reasonable chance of successfully completing the course(s) I am enrolling in.

I declare that, to the best of my knowledge, all the information I have provided on this form is true and complete.

Signature

Date

DAY

MONTH

YEAR

If you have any questions regarding this enrolment or STAR courses, please contact

Free Phone: 0800 GO UCOL

Email: u-skills@ucol.ac.nz

Website: ucol.ac.nz/u-skills