UCOL
Te Pae Mātauranga ki te Ao
Universal College of Learning

# Enrolment Form
## U-Skills Tertiary Pathways (3+2) 2027

### Welcome to UCOL

To apply please complete ALL sections on page 1 and 2 of this form.
A **verified birth certificate** or **current passport** must be provided.

## 1 Personal Details

Programme Applying For
Programme Level ☐ 2 ☐ 3 ☐ 4
Programme Location
Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other
Secondary School
Gender ☐ Male ☐ Female ☐ Gender Diverse
Legal Surname
Date of Birth DAY MONTH YEAR
Legal First Names
National Student Number (NSN) or NZQA No. (if known)
Legal Middle Names
UCOL Student ID (if known)
Preferred Name
Year Level in 2027 ☐ 11 ☐ 12 ☐ 13 ☐ 14
Previous Name (if different)
Age at Start of Programme

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
ADDRESS 2
TOWN OR CITY POSTCODE

Alternative Address (While studying if different from home)
ADDRESS 1
ADDRESS 2
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
Relationship to Student

Address
ADDRESS 1
ADDRESS 2
TOWN OR CITY POSTCODE

Home Phone Number
Alternative Phone Number
Mobile Number
Email address

## 3 Ethnicity

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

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

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 Academy

## 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.

- ☐ Deaf
- ☐ Blind
- ☐ Speech
- ☐ Specific Learning Disability
- ☐ Hearing Impairment
- ☐ Mobility
- ☐ Mental Health
- ☐ Vision Impairment
- ☐ Intellectual Disability
- ☐ 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.

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

## 6 Acknowledgement & Declaration

**Privacy**

UCOL 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.

**Rules**

In signing this Application to Enrol you undertake to comply with UCOL 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 may, if it enrols you, withdraw its approval for you to stay enrolled after consulting you if you breach UCOL'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 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

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

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

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# Secondary School Endorsement
## Student Eligibility/Support Form 2027

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 Manager Secondary Tertiary Partnerships 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 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 2027) ☐ 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 | ☐ | ☐ | |
| Learning Support Needs | ☐ | ☐ | |

| Applicant Demonstrates | Yes | No | Comments |
|---|---|---|---|
| Good communication skills | ☐ | ☐ | |
| An acceptable level of maturity and reliability | ☐ | ☐ | |
| An ability to relate well to others displaying positive relationships | ☐ | ☐ | |
| A positive attitude towards learning including participating in group activities | ☐ | ☐ | |
| Any other information relating to this applicant? | ☐ | ☐ | |

Please forward applications to this email address:
uskillsenrol@ucol.ac.nz