



STUDENT APPLICATION FORM

Please read this form carefully and complete all relevant sections in English, in CAPITAL LETTERS. This application form provides New Zealand Academic and Learning Institute (NZALI) with the information we need to enrol you onto our courses. Please keep a copy of this application form for your reference.

Personal Details (as shown in your passport)

Family Name:	
Given Names:	
Preferred Name:	
Date of Birth/Age:	Date of birth: _____ Age: _____
Citizenship:	
Ethnicity:	
Passport Number:	(Please supply certified copy of passport)
NSI Number: (only applies if you have completed unit standard study in NZ)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide: _____
Disability (confidential): Do you live with the effects of significant injury, long-term mental/physical illness, or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please describe the disability (this information will be kept confidential): _____
Gender:	Male / Female
Country of Birth:	
Permanent home address:	
Current New Zealand address (if applicable):	
Telephone:	Home: _____ Mobile: _____
Email:	

Are you using an NZALI-authorized agent to assist you in completing your application?

Yes No

If yes, please provide the following details:

Agent Name:	
Address:	
Tel/mobile:	
Email:	
Fax:	

Emergency Contact Details

In your home country	In New Zealand (if you have a contact in NZ)
Name:	Name:
Relationship to you:	Relationship to you:
Address:	Address:
Tel/mobile:	Tel/mobile:
Email:	Email:

Your Study: Insert details of the course that you are applying for:

Course Title	NZQA Level	Duration	Start Date

What are your career intentions and goals?

How will pursuing this course of study assist you in achieving those goals?

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What are your immediate plans after you have completed this course of study?

Arrival, Accommodation and Insurance

Airport Pick-up:

Do you want to be met at the airport?(Airport pick up is free for all students) Yes No

If "Yes" please advise us in writing or by email of your arrival date/details once your visa is approved.

Accommodation:

Do you require accommodation to be arranged for you on arrival? Yes No

If "Yes" we will contact you to help you arrange suitable accommodation.

Medical and Travel Insurance:

Do you wish to arrange medical and travel insurance through us? Yes No

If "Yes", we will send you an insurance application form with your Offer of Place.

If "No", you will need to provide us with certified proof of your insurance, translated into English.

Note: Medical and Travel insurance is compulsory for international students in New Zealand. (See further details on the NZALI website under HOW TO APPLY: <http://www.nzali.ac.nz/how-to-apply/>)

English Language Proficiency

English is my first language, or I was educated in English in a native English-speaking country (must provide evidence)

IELTS Test Date: Result: Result attached: Yes No

TOEFL Test Date: Result: Result attached: Yes No

If you do not meet any of the English proficiency standards above, you will be assessed by NZALI for English language proficiency.

Please attach a certified copy of your test result (if applicable).

Education Background/Details

Secondary Studies (high school/secondary school)

Highest qualification gained at high school/secondary school	Institution	Country	Date completed

Tertiary Studies (college, university, polytechnic)

Qualification	Institution	Country	Date completed

Please attach certified copies of school/college/university certificates.

Please list any previous work experience:

New Zealand Privacy Act 1993

The collection, use, storage and update of personal information by New Zealand Academic and Learning Institute will be in accordance with the New Zealand Privacy Act 1993. Within the school, relevant personal information will be available to staff responsible for enrolment, for establishing and maintaining records, providing tuition, programme and academic support, providing student services, and for maintaining discipline and order. When required by New Zealand law, NZALI will release information to government agencies such as the Ministry of Education, New Zealand Qualifications Authority, Industry Training Organisations, Immigration Department, New Zealand Police, Department of Justice, Inland Revenue and the Accident Compensation Corporation. Students have the right to access and correct any information held about them.

Declaration by student (aged 18 or over)

- I confirm that all the information contained in this application and in any attachments is true and correct to the best of my knowledge and belief
- I authorise release of the information in this form to the agent I have named on this form (if applicable)
- I have read and understood the information contained on the NZALI website concerning attendance and behaviour requirements, and agree to comply with those requirements. See NZALI website under LEGAL STUFF: <http://www.nzali.ac.nz/the-legal-stuff/>).
- I have read and understood the NZALI Student Fee Protection, Student Withdrawals and Fee Refunds Policy on the NZALI website, under LEGAL STUFF: <http://www.nzali.ac.nz/the-legal-stuff/>).
- I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment.
- I will inform the school if there are any changes to the details of this application.
- I acknowledge that I have read the information about the course I have enrolled for, on the NZALI website, under COURSES: <http://www.nzali.ac.nz/courses/>).

Name

Signature

Date

/ /

(DD/MM/YYYY)

CHECKLIST

Have you completed all relevant sections on this form?

Please ensure you have attached all necessary documents:

- Certified copy of passport
- Certified copy of English test results (Academic IELTS, TOEFL or equivalent) if applicable
- Certified copies of all relevant academic documents
- Certified proof of medical and travel insurance, translated into English (if you are not purchasing insurance through us)
- Evidence of relevant work experience (if you are relying upon work experience for entry to your chosen course of study).

Please make sure you have signed this form, then please send the entire form to your agent, or to us as follows:

By email to: nazli.effendi@nzali.ac.nz

Or by mail to:

Director Of Studies
NZALI
P.O. Box 33-1245
Takapuna
Auckland 0740
NEW ZEALAND

How did you find out about NZALI and our courses? (Please circle more than one option if appropriate):

Internet TV advert Radio advert Mail out Friends/Relatives

Education consultant

Newspaper Advert (which newspaper?) _____

Others (please specify) _____