

INTERNATIONAL STUDENTS Application for Enrolment Form

Hamilton, Christchurch, and Auckland Enrolments:



Post to: Vision Enrolments Office 21 Ruakura Road, Hamilton 3216	Enquiries: 0800 834 834 Administration: 07 853 0777 Email: international@vision.ac.nz
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- Please complete the sections of this form that are relevant, and sign where indicated.
- Please attach all additional documentation required as per the documentation section.

As a provider of educational services, the information you provide in this Application for Enrolment Form will be used for purposes including considering and assessing your application to study with us. Our Privacy Statement (back page) sets out in more detail our functions as an education services provider, the purposes for the collection of your personal information, what we use it for, who we may share it with and your rights in relation to those activities.

QUALIFICATION

1. What qualification do you wish to enrol in?
Qualification start date: Qualification end date:
2. Where do you intend to study?
 Hamilton Campus
 Papakura Campus
 Christchurch Campus

PERSONAL DETAILS

3. Family Name:
First Name:
Preferred Name:
4. Date of birth: / /
5. Gender: Male Female Another Gender
6. Ethnicity:
7. Country of Citizenship Country of Birth
8. Passport number Passport dates (dd/mm/yy) Country of issue

Please attach a verified copy of your passport

CONTACT DETAILS

9. Contact address (Home country)
 Post Code:
10. Email Address:
11. Home Phone: Mobile:
12. Contact address (New Zealand – if available)

 Post Code:
13. Emergency contact details in case of emergency (Must be a family member or legal guardian):
Emergency Contact Name: Relationship:
Mobile: Home Phone: Work Phone:
Email:
Address (if different to applicant):
14. How did you hear about this programme?

ACADEMIC INFORMATION

15. Highest qualification Place of Study:
16. Please list all of the tertiary qualifications you hold, the month and the year you completed each and the tertiary education organisation that it was completed at. Alternatively attach your academic transcript from the tertiary education organisation.

Tertiary Education Organisation	Qualification	Month and Year of Completion

17. Have you studied in New Zealand? Yes No. Institution: Start and End dates:
18. Have you ever had your English language proficiency tested: Yes No. Assessment Date (dd/mm/yy):
 Examining body: Overall Score:
- Please attach a verified copy and translation of your academic results**

AGENT INFORMATION (if applicable)

19. Agent's Name: Agent's Company Name:
20. Contact address:
21. Phone (Office /Work): Email:
22. The agent certifies that the student has been given all details about the programme, the International Student Information booklet and that in the agent's assessment, the student is capable of successful study in New Zealand and is financially able to do so.
 Signature of Agent: Date (dd/mm/yy):
23. Agent Stamp

PROGRAMME DETAILS

24. Complete the details of the programme you plan to do:
- Programme choice: Start date if offered a place: Length of programme: 12 weeks 20 weeks
 1 year 2 years 3 years
- Why have you chosen to study this particular programme?
- List any qualifications or experience that you have, related to your chosen programme of study:
- What are your career intentions? What do you want to do when you complete this programme?

WORK AND RELEVANT EXPERIENCE

25. Please indicate any relevant employment or voluntary experience that may support your application.
- | | | | |
|------------|----------------------|------------|----------------------|
| Employer | <input type="text"/> | Employer | <input type="text"/> |
| Start Date | <input type="text"/> | Start Date | <input type="text"/> |
| End Date | <input type="text"/> | End Date | <input type="text"/> |
| Job Title | <input type="text"/> | Job Title | <input type="text"/> |

Please attach your CV if you have important achievements that are not covered above. Work experience is not required for certain programmes.

HEALTH AND DISABILITY INFORMATION

26. Do you live with the effects of a significant injury, long term illness or disability? Yes No.

27. If yes, please indicate which of the following apply to you:

- Physical disability or impairment
- Psychiatric illness
- Vision impairment
- Hearing impairment
- Speech impairment
- Mental health
- Neurodiversity
- Other (*please specify*)

28. In an emergency would you require help to leave the building? Yes No

Depending on your answer to this question, we may contact you for further information.

TRAVEL PLANS & ACCOMMODATION

29. Complete the details below:

Transport:

Do you require an airport pickup?

Yes No

If 'Yes', please see our website for Airport Pickup Request Form and fees. Please submit with your flight details

Accommodation:

- Homestay (*Complete Homestay Application Form available on our website*)
- Own home
- Renting
- Family
- Boarding

CRIMINAL CONVICTIONS

This information is legally required to provide to any employers of students who are placed with them to complete a practicum component of the programme of study. International students may be required to obtain a police certificate from their country of origin.

30. Do you have any criminal convictions including criminal traffic offences? Yes No

31. If "Yes" please state below the nature of the offense(s)? The information you supply will remain confidential.

PRIVACY STATEMENT

1. This Privacy Statement describes how we collect, store, use and share your personal information and explains your rights in relation to those activities. "we" "us" "our" means Vision College Limited.

2. We collect your information to carry out our operations, functions and activities as a provider of education. The purposes for which information is collected (under the **Privacy Act 2020**) include:

- (a) our learning, teaching, research and other educational activities;
- (b) our administrative, enrolment, employment and management activities;
- (c) complying with our legal, regulatory and contractual obligations;
- (d) providing a safe, secure and healthy environment;
- (e) providing an appropriate level of student support and pastoral care;
- (f) recruitment and marketing activities that we undertake;
- (g) assessing whether we can reasonably make available our services or facilities to a person who has a disability for the purposes of the **Human Rights Act 1993**;
- (h) managing our business including internal reporting, administrative processes and selection of scholarship and prize winners.

3. Personal information we collect for our purposes includes:

- (a) biographical details;
- (b) contact details;
- (c) education records and academic history;
- (d) health information (which could include a medical action plan);
- (e) disability information;
- (f) criminal convictions;
- (g) ethnicity;
- (h) images (still/moving);
- (i) any other information you may provide to us or we may request from you in relation to our purposes.

4. To carry out our purposes, some of the ways we will use your information include:

- (a) to assess your application to study with us;
- (b) if you have a disability (and have provided us with all information we have requested), to undertake an assessment to determine whether we are able to reasonably make available special services or facilities to:
 - enable you to participate in our educational programme, or;
 - enable you to derive substantial benefits from the programme;
- (c) to communicate with you including providing monthly mailouts;
- (d) to make our staff aware if you have a medical action plan;
- (e) to carry out NZ Police vetting checks.

5. We may be required to, or we may have a need to, share certain of your personal information with third parties including:

(a) government agencies (which in handling data provided by you on this form or more generally, are required to comply with the provisions of the Privacy Act 2020) such as:

- Ministry of Education
- Education New Zealand
- New Zealand Qualifications Authority
- Tertiary Education Commission

- Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans)
 - Immigration New Zealand (for those who are not New Zealand citizens or permanent residents)
 - Ministry of Business, Innovation and Employment,
- These agencies use the information we share with them to:
- (i) administer the tertiary education system, including allocating funding and the administration of the Fees-Free and Fees-Free Trades Training initiatives;
 - (ii) develop policy advice for government;
 - (iii) conduct statistical analysis and research,

(b) your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes;

- (c) when required by law, we will disclose information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC);
- (d) agencies which support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards);
- (e) service providers contracted to or engaged by us;
- (f) sharing your information with other educational organisations for the purpose of verifying your academic records;
- (g) employers and internship providers, or work placement providers (only where you apply to take part in or undertake a work placement as part of your programme of study);
- (h) our insurers, professional advisers and auditors.

6. We take all reasonable steps to keep your information safe and secure.

7. We retain your personal information for as long as is necessary to fulfil our purposes and comply with our legal obligations.

8. You are entitled to ask for access to a copy of your personal information that we hold about you and to ask for it to be corrected if you think it is wrong. To do so, please contact our National Administrator at +64 (0)7 8530777

9. You have the right to make a complaint to the Office of the Privacy Commissioner if you think we have breached your privacy. You can contact the Office of the Privacy Commissioner at www.privacy.org.nz.

10. **Where there is any conflict with any of Vision College's other privacy statements, then this privacy statement shall prevail.**

Insurance

I understand that Vision College Limited will arrange medical, travel and property insurance on my behalf and include this in my Fees Schedule of Payment. Most international students are not entitled to publicly funded health services and so require comprehensive medical insurance while studying in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly funded health services are available through the Ministry of Health, and can be viewed on their website at <http://www.moh.govt.nz>

ACKNOWLEDGEMENT:

You agree and acknowledge that:

- a) you have provided all information as required in this form or as subsequently requested by us and that the information is true and correct;
- b) you will provide any further information we may ask for which is reasonably required by us for our enrolment process;
- c) the information you have provided in this form (including any additional information provided by you or collected by us) will be collected, used, stored, and shared by us for our purposes as set out in the Privacy Statement; and
- d) you are 18 years of age or over, or if you are not, that your parent or guardian is authorised by you to sign this form.

Signature	
Date (dd/mm/yyyy)	
PARENTAL CONSENT (required for students who are under 18 years of age)	
Signature of your parent or guardian (if you are under 18 years of age)	
Name of your parent or guardian (if you are under 18 years of age)	
Date (dd/mm/yyyy)	