

APPLICATION TO STUDY FORM 2019

1	Print your full name:					
2	Preferred first name:			Course that you would like to enrol for:		
3	Preferred title:	<i>Ms</i> <input type="checkbox"/>	<i>Miss</i> <input type="checkbox"/>	<i>Mrs</i> <input type="checkbox"/>	<i>Mr</i> <input type="checkbox"/>	<i>Other (Specify):</i>
4	Date of birth:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	6	Gender: <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/>
7	Address:			Landline number:		
	Email address:			Mobile number:		
				Alternative contact number:		
8	SWN number (if Winz Registered) <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>			NSI number if known <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
9	Tick the box which describes your citizenship.					
	New Zealand Citizen <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Other <input type="checkbox"/>					
	New Zealand Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>					
10	Secondary School:	What was the name of the last high school you attended? State "overseas", if applicable.				
		What was your last year at high school? <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
		Please list the qualifications that you have achieved or are likely to have achieved by the time your course starts?				
11	Tertiary Study:	Will this be the first year you have ever enrolled in a University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school?				
		No <input type="checkbox"/> Yes <input type="checkbox"/>				
		If you answered "No", please enter the name of the institution you studied at and year of your first enrolment.				
		Name _____			Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
13	Next of Kin (family member):	Name and address:			Phone:	
					Relationship to You:	

14	Please list your main interests, hobbies and achievements:	Please list any previous work experience.
15	What career would like to pursue following the completion of this course?	
16	Drivers Licence Tick the box which describes your situation. Full NZ licence <input type="checkbox"/> Restricted NZ licence <input type="checkbox"/> Learners Licence <input type="checkbox"/> No current licence <input type="checkbox"/> Suspended licence <input type="checkbox"/>	Criminal Record Tick the box which describes your situation. Clean record <input type="checkbox"/> Currently before the courts <input type="checkbox"/> Previous convictions <input type="checkbox"/> Currently serving/PD <input type="checkbox"/> Case pending <input type="checkbox"/>
17	Would you pass a random drugs test? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	Do you suffer from any medical condition/s or any other commitments that may impact on your attendance? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>

Please provide a brief statement explaining why you wish to study with us in 2019.

Declaration – I declare that to the best of my knowledge all the information supplied is true and complete.

_____ / ____ / _____
Signature *Date*

Once complete please forward this form to the attention of The Training Manager, Fairview Educational Services,