

# APPLICATION TO STUDY FORM 2018

<b>1</b>	Print your full name:					
<b>2</b>	Preferred first name:			Course that you would like to enrol for:		
<b>3</b>	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>
<b>4</b>	Date of birth:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<b>6</b>	Gender: <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/>
		<i>day</i>	<i>month</i>	<i>year</i>		
<b>7</b>	Address:			Landline number:		
	Email address:			Mobile number:		
				Alternative contact number:		
<b>8</b>	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"/>		
<b>9</b>	Tick the box which describes your citizenship.					
	New Zealand Citizen <input type="checkbox"/> Australian Citizen <input type="checkbox"/> <i>Other</i> <input type="checkbox"/>					
	New Zealand Permanent Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>10</b>	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 who have achieved or are likely to have achieved by the time your course starts?				
<b>11</b>	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"/>				
<b>13</b>	Next of Kin (family member):	Name and address:		Phone:		
				Relationship to You:		

