

APPLICATION TO STUDY FORM 2020

1	Print your full name:	Preferred first name:
2	Course that you would like to enrol for: NZ Certificate in Automotive Engineering level 3 <input type="checkbox"/> NCEA level 2 with Vocational Pathway <input type="checkbox"/>	
3	Preferred title: Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (Specify):	
4	Date of birth: [][] [][] [][] <i>day month year</i>	5
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
6	Address: Email address:	Landline number: Mobile number: Alternative contact number:
7	NSI number if known [][][] - [][][] - [][][][]	
8	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"/>	
9	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? [][][][] Please list the qualifications that you have achieved or are likely to have achieved by the time your course starts?
10	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 [][][][]
11	Next of Kin (family member):	Name and address: Phone: Relationship to You:

12	Please list your main interests, hobbies and achievements:	Please list any previous work experience.
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13	What career would like to pursue following the completion of this course?
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14	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"/>
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15	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"/>
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Please provide a brief statement explaining why you wish to study with us in 2020.

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

Name: _____ / ____ / ____
Date

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