

SHORT COURSE ENROLMENT FORM

PLEASE COMPLETE ALL SECTIONS IN PEN



1. PROGRAMME/S APPLIED FOR (You may apply for more than one programme)

1	
2	Intended Year of Study

2. STUDENT I.D. (Please complete if you can)

EIT Student I.D.		National Student I.D.	
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3. VENUE

<input type="checkbox"/> Hawke's Bay (Taradale) Campus (includes distance or online study)	<input type="checkbox"/> Tairāwhiti Campus
<input type="checkbox"/> CHB (Waipukurau) Learning Centre	<input type="checkbox"/> Hastings Learning Centre
<input type="checkbox"/> Maraenui Learning Centre	<input type="checkbox"/> Wairoa Learning Centre
<input type="checkbox"/> Ruatoria Learning Centre	
<input type="checkbox"/> Other (please specify) _____	

4. PERSONAL DETAILS

	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Mx
Legal Surname					
Legal First Names					
Preferred First Name					
Previous or Maiden Name					
Date of Birth		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Diverse

M.O.E Notification: Please note that your name, date of birth and residency as entered on this enrolment will be included in the National Student Index, and will be used in an Authorised Information Matching programme with the New Zealand Birth Register. For further information please see <http://www.nsi.govt.nz/ima>.

5. ADDRESS DETAILS (You must tell us if any of your contact details change during the course)

Home Postal Address		
		Postcode
Home Phone No ()	Cellphone No	
Email		
Study Postal Address (if different)		
		Postcode
Term Phone No ()		

6. FEE PAYMENT

Fees must be paid in full prior to the start of the course. If fees are not paid in full by the due date, EIT may:

- ▶ Remove access to EIT services such as the Library and IT Services
- ▶ Withhold course results
- ▶ Remove the student from the course
- ▶ Refer any outstanding fees to our debt collection agency to manage

How do you intend to pay?

<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Eftpos	<input type="checkbox"/> Cash	<input type="checkbox"/> Fee Free	<input type="checkbox"/> Employer to pay
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Employer Details - if your employer is paying your fees, please complete.

Company Name	Contact Person
Company Address	
	Postcode
Contact Phone No ()	Contact Cellphone No
Contact Email	

7. CITIZENSHIP DETAILS

Tick the box that best describes your citizenship or permanent residence status. You are required to produce your Birth Certificate or other evidence of permanent residence to verify your status as a domestic student.

- ☐ New Zealand Citizen ☐ New Zealand Permanent Resident ☐ Australian Citizen ☐ Australian Permanent Resident
- ☐ Other (specify your country of Citizenship)

During your time studying in this qualification, will you be resident in New Zealand or overseas?

- ☐ In New Zealand ☐ Overseas

8. ETHNICITY You may tick up to three boxes

Which ethnic group(s) do you belong to?

- | | | | | |
|---|--|--|---|---|
| <input type="checkbox"/> 111 NZ European/Pakeha | <input type="checkbox"/> 341 Niuean | <input type="checkbox"/> 128 Australian | <input type="checkbox"/> 441 Sri Lankan | <input type="checkbox"/> 521 Latin American |
| <input type="checkbox"/> 211 NZ Māori | <input type="checkbox"/> 351 Tokelauan | <input type="checkbox"/> 129 Other European | <input type="checkbox"/> 442 Japanese | <input type="checkbox"/> 531 African |
| <input type="checkbox"/> 311 Samoan | <input type="checkbox"/> 361 Fijian | <input type="checkbox"/> 414 Other Southeast Asian | <input type="checkbox"/> 443 Korean | <input type="checkbox"/> 611 Other (please specify) |
| <input type="checkbox"/> 321 Cook Island Māori | <input type="checkbox"/> 371 Other Pacific Peoples | <input type="checkbox"/> 421 Chinese | <input type="checkbox"/> 444 Other Asian | <input type="text"/> |
| <input type="checkbox"/> 331 Tongan | <input type="checkbox"/> 121 British/Irish | <input type="checkbox"/> 431 Indian | <input type="checkbox"/> 511 Middle Eastern | <input type="text"/> |

9. IWI

If you identify as a New Zealand Māori, what is the name of your Iwi? You may enter more than one Iwi. If you do not know your Iwi, please tick 'Don't Know'.

Te Tairāwhiti (East Coast) Region

- ☐ Te Tai Rāwhiti Iwi not named ☐ Ngāti Porou ☐ Te Aitanga-A-Māhaki ☐ Rongowhakaata ☐ Ngai Tāmanuhiri

Te Matau a Māui/Wairarapa (Hawke's Bay/Wairarapa) Region

- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Te Matau a Māui/Wairarapa | <input type="checkbox"/> Ngāti Kahungunu ki Te Wairoa | <input type="checkbox"/> Ngāti Kahungunu ki Wairarapa | <input type="checkbox"/> Rangitane (Te Matau a Maui/Hawke's Bay/Wairarapa) | <input type="checkbox"/> Ngāti Kahungunu ki Tamatea |
| <input type="checkbox"/> Rongomaiwahine (Te Māhia) | <input type="checkbox"/> Ngāti Kahungunu ki Heretaunga | <input type="checkbox"/> Ngāti Kahungunu, region unspecified | <input type="checkbox"/> Ngāti Kahungunu ki Whanganui a Orotu | <input type="checkbox"/> Ngāti Kahungunu ki Tamakinui a Rua |
| <input type="checkbox"/> Don't Know | <input type="checkbox"/> Other | <input type="text"/> | | |

10. HEALTH INFORMATION

Please provide the following health information. This information is confidential to EIT. It will enable EIT to provide you with appropriate support and to determine whether your health may impact on your ability to participate in your studies. The information will also be used to help us meet our health and safety obligations and may be used for statistical purposes.

- a. Do you live with the effects of injury, illness, or disability? ☐ Yes ☐ No
- b. If yes, please identify your impairment, disability or medical condition:
- | | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Blind | <input type="checkbox"/> Medical | <input type="checkbox"/> Physical/Mobility | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Brain Injury | <input type="text"/> |
| <input type="checkbox"/> Specific Learning | <input type="text"/> | | | |
- c. If you have answered YES above, would you like a member of the Disability Services team to contact you to discuss your learning requirements?
Please note that EIT staff may approach you directly if a concern arises about your health or safety that may be impacting on your studies. ☐ Yes ☐ No

11. EMERGENCY CONTACT DETAILS

Contact person in case of emergency (Please note: PO Box number is unacceptable).

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Home Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Home Phone No	(<input type="text"/>) <input type="text"/>	Cellphone No	<input type="text"/>
Work Phone No	(<input type="text"/>) <input type="text"/>		

12. DECLARATION AND COMPLIANCE WITH THE PRIVACY ACT

Please read carefully.

I consent to my personal information being held by the Eastern Institute of Technology Ltd (EIT), including by its staff, and being used for purposes related to the matters with which I am involved in my capacity as a student and as required by protocols between external agencies and EIT as listed below. I understand without this consent my enrolment cannot proceed. I understand that I have the right to see and correct if necessary, my personal information held by EIT.

Compliance with the Privacy Act: I understand that EIT must collect, store, use and disclose my personal information only in accordance with the Privacy Act 2020. Specifically, I consent to EIT collecting, using, storing and disclosing my personal information for statistical and reporting purposes (anonymously), to help EIT meet its health and safety obligations, to provide me with appropriate support, and to determine whether my health may impact on my ability to fully participate in my studies, and, if so, how EIT manages that impact. EIT can also collect and store my information from this form to comply with the requirements of the Ministry of Education (statistical returns), New Zealand Qualifications Authority (Record of Learning registration and academic outcomes), Tertiary Education Commission (funding and statistical returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) previous Secondary School (graduation statistics) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of these awards).

This information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting and statistical purposes, for health and safety purposes, for providing me with appropriate support, and for determining and managing my ability to fully participate in my studies.

I agree to the publication of my name upon graduation in graduation material.

In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

In signing this enrolment form I authorise EIT to collect, use, store and disclose my personal information on the understanding EIT will observe the relevant requirements of the Privacy Act 2020 and the Education and Training Act 2020.

Fees – In signing this enrolment form I undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The Institute's policy on withdrawal and refund of fees is found in the Student Handbook*.

Rules – In signing the enrolment form I undertake to comply with, and agree to be governed by, the EIT rules and regulations and responsibilities.

The information given on this form is true and correct in every particular and

no information which would have a material bearing on my enrolment has

been withheld. I understand that books, journals and other teaching materials made available to me by or at EIT are for use for my own studies and that

copying or use of them for other purposes is an infringement of copyright.

I also accept the student rules, regulations and responsibilities as outlined

in the EIT Student Handbook* and the Computer Usage Policy.

Failure to Supply Information - Students are advised that failure to supply the information requested by EIT, or the supply of incomplete or false information may result in EIT declining or cancelling the application.

* The EIT Student Handbook and computer usage policy can be found on the EIT website www.eit.ac.nz. Printed copies of the handbook are available at all EIT centres.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above. I understand that if I have supplied false information or do not comply with the rules and regulations of EIT, my enrolment may be cancelled by the Chief Executive.

I acknowledge that if I am liable for all fees and will undertake to pay these.

Signature

Date

Parents signature (if under 18 years)

Only required if payment is not made at time of enrolment

I/We am/are the parent(s)/guardian(s) of the student (Student) who has filled out this enrolment form. I/We hereby jointly and severally indemnify EIT against all loss that it suffers as a result of the Student not paying any amount that he or she agrees to pay by signing this enrolment form. Such loss includes any amount which is not or may not be recoverable or recovered from the Student for any reason (whether or not within the EIT's knowledge) including the Student's obligations being or becoming unenforceable.

Date

OFFICE USE ONLY

Secretary

Registry

Date

Date

Disclaimer: The Eastern Institute of Technology Ltd (EIT) reserves the right to cancel or postpone any course for any reason and shall not be liable for any claim other than that proportion of the course fee which the cancelled or postponed portion bears. Programmes are dependent upon Ministry of Education funding allocation.

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TE AHO A MĀUI



Te Pūkenga