



AG CHALLENGE LIMITED

NZQA ACCREDITED PRIVATE TRAINING ESTABLISHMENT
PO Box 674, Whanganui 4540



STUDENT ENROLMENT

ADMISSION AND ENROLMENT OFFER

Please complete all sections

Following your application for admission and enrolment to our Tertiary Programme, we advise that the completion of this Enrolment Form confirms your acceptance of Enrolment. The Qualification and Courses for which you will be enrolled are as listed below.

PERSONAL DETAILS

Title:

Mr.

Mrs.

Miss.

Ms.

National Student Index No (NSI):

First Names:

Surname:

Previous Name/s:

(if applicable)

Take 2 No:
(office use only)

Date of Birth:

Male

Female

Disability/Medical Condition:

Do you live with the effects of significant injury,
Long term illness, or disability?

Yes

No

SCHOOL

COURSE NAME

Agriculture

Construction

Veterinary Nursing

UNITS REQUIRED

Home Postal Address:

POST CODE:

Telephone No: ()

Cell Phone No: ()

CITIZENSHIP DETAILS

Tick the box to indicate your Citizenship or Permanent Residence Status

NZ Citizen

Australian Citizen

NZ Permanent Resident

Other

(Students with dual citizenship, please specify the country of citizenship of the Passport used to enter New Zealand)

(Specify your Country of Citizenship)

ETHNIC ORIGIN

Tick the box which best describes your ethnicity:

New Zealander / European

British/Irish

New Zealand Maori*

Australian

Chinese

Samoan

Indian

Cook Island Maori

Other

Declaration and Compliance with the Privacy Act

Please note that your name, date of birth and residency as entered on this enrolment form 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 more information please see <http://www.nsi.govt.nz/ima>

Information given in this form is required by the protocols between Ag Challenge Limited, Tertiary Education Commission, New Zealand Qualifications Authority and other Training Organisations.

In signing this enrolment form you authorise such disclosure on the understanding that the Institute will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-Compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information.

Photos – I understand that course photographs could be used for promotional purposes

I hereby declare that the information I have given above is true and correct

Signed: Date: __ / __ / __