



## TASTER ENROLMENT FORM

Please complete all sections and sign on the bottom of the second page

**Admission and enrolment offer:** The completion of this Enrolment confirms your acceptance of Enrolment.

### Personal Details – Print your full legal name

**Title**      Mr  Mrs  Miss  Ms  Other (specify): \_\_\_\_\_

**Family Name** \_\_\_\_\_

**First Names** \_\_\_\_\_

**Previous Name**  
(maiden name) \_\_\_\_\_

**Date of Birth**      /      /      **Gender (please tick)**       M       F

**OFFICE USE ONLY**

---

HKP / HKU  
Cross out which does not apply

---

Active/ Partial  
Cross out which does not apply

---

Student ID

---

NZQA ID

---

**Which Iwi do you identify with:** \_\_\_\_\_

**Ethnicity**      Which ethnic group(s) do you belong to? You may tick up to three boxes that apply to you.

NZ European/Pakeha	111	Filipino	411	Other Pacific Peoples *	371	Korean	443
New Zealand Māori	211	Cambodian	412	British/Irish	121	Other Asian *	444
Samoan	311	Vietnamese	413	Dutch	122	Middle Eastern	511
Cook Island Māori	321	Other Southeast Asian *	414	Greek	123	Latin American	521
Tongan	331	Chinese	421	Polish	124	African	531
Niue	341	Indian	431	South Slav	125	Italian	126
Tokelauan	351	Sri Lankan	441	German	127	Australian	128
Fijian	361	Japanese	442	Other European *	129		

**Permanent Postal Address**

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No: (      ) \_\_\_\_\_

Cellphone No: \_\_\_\_\_

Email: \_\_\_\_\_

**Work or Other Postal Address – Please cross out which does not apply**

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone No (      ) \_\_\_\_\_

Cellphone No: \_\_\_\_\_

Email: \_\_\_\_\_

**Qualification or study enrolling for:**      **Farm Taster Course**

**Venue:**      **Taratahi**      **Date:**      /      /

<p style="text-align: center; margin: 0;"><b>Office use only:</b></p> <p style="text-align: center; margin: 0;">Course Payment – Method of Payment</p> <p>Cash: <input type="checkbox"/>      Cheque: <input type="checkbox"/>      EFTPOS: <input type="checkbox"/></p>	<p>Amount paid: \$ _____      Receipt No: _____      Date:      /      / 2009</p> <p>Payment made by: _____      Payment for: _____</p>
--	---

Type of Identification Sighted: \_\_\_\_\_      Passport/Birth cert No: \_\_\_\_\_      Signed: \_\_\_\_\_      Date:      /      / 2009

### Citizenship Details

Tick the box to indicate 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. (This can include a NZ Passport, Certificate of Citizenship, overseas Passport with Residents Permit)

NZ Citizen     Australian Citizen     Other – please specify \_\_\_\_\_ Tick all that apply

NZ Permanent Resident (Please state country of Citizenship) \_\_\_\_\_

### Students with dual citizenship, specify the country of citizenship of the Passport used to enter New Zealand

If you ticked “other” and you are **not** a New Zealand Permanent Resident, please also specify your fee/assistance status.

NZAID Scholarship (incl. Aotearoa, short-term training and post-graduate)     01

Full Fee Paying Foreign Student     03

Exchange Student approved by Ministry of Education     04

International ITO off-Job Trainee     12

### Disability / Injury / Allergies:

Do you live with the effects of significant injury, long term illness, or disability?    Yes     No     Please tick

Please also include any allergies - for example bee stings, food allergies or asthma.

Please note the type of allergy/asthma /injury /disability etc here: The information you supply is confidential

### Activity or occupation in New Zealand at 1st October

School Student     University Student     Beneficiary

Employed     Caregiver     House person or Retired

Overseas     Self Employed     Private Training Establishment student

Polytechnic or Institute of Technology student

College or High School attended

Highest College or High School qualification gained

Last Year at College or High School

First year of Tertiary study?

Where did you do your tertiary study?

/ /

/ /

### Declaration and Compliance with the Privacy Act

Information given in this form is required by the protocols between Taratahi Agricultural Training Centre, the Ministry of Education, the New Zealand Qualifications Authority and Industry Training Organisations. **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 Births Register, see <http://www.nsi.gov.nz/ima> for further information.**

I hereby declare that the information given above is true and correct; I have read and understood the Privacy Act information

Signed

Date

/ /