



This application for Enrolment collects essential information and meets the requirements of the New Zealand Ministry of Education and Immigration New Zealand and New Zealand Qualifications Authority

**Instructions:**

- Complete all relevant sections in full, sign and date.
- Print clearly in blue or black pen or tick the box (es) that apply for multi-choice questions.
- Carefully read and agree to all terms and conditions.
- Attach verified copies of all required documents (passport, secondary school transcripts, academic results (in English), English proficiency test results, any other relevant documents).

See checklist

Your Application for Enrolment cannot be processed unless you complete all sections and attach verified copies of documents.

Application date:    /    /

Application status:     Onshore     Offshore

**PROGRAMME DETAILS**

Programme Name: \_\_\_\_\_

Programme Name: \_\_\_\_\_

Level: \_\_\_\_\_

Level: \_\_\_\_\_

Strand: \_\_\_\_\_

Strand: \_\_\_\_\_

Start date:    /    /

Start date:    /    /

End date:    /    /

End date:    /    /

**PERSONAL DETAILS**

(verified documents required – see checklist)

Title:     Mr.     Mrs.     Miss.     Ms.     Other \_\_\_\_\_

Family/Surname: \_\_\_\_\_

Given/First Name(s): \_\_\_\_\_

Preferred First Name: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:     Male     Female

Current Visa Type: \_\_\_\_\_

Expiry Date:    /    /

Country of Citizenship: \_\_\_\_\_



## PARENTS / NEXT OF KIN DETAILS

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## PASTORAL SERVICES

### Insurance

Do you currently hold a medical insurance?  Yes  No

If 'Yes', please provide verified copy of your policy documents and details below:

Insurance Provider: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Airport Pick up (Auckland)

Do you want an airport pick up on arrival?  Yes  No

If 'No', please provide complete details of the person picking you up from the airport:

Full Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Arrival Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Arrival Time: \_\_\_\_\_

### Accommodation

Do you require accommodation assistance?  Yes  No

If 'Yes', please provide details:

Flat  Homestay

# International Enrolment Application

## CHECKLIST

Have you:

- |   |   |
|---|---|
| <input type="checkbox"/> Completed all sections on this form?                 | <input type="checkbox"/> Attached a verified copy of insurance policy?          |
| <input type="checkbox"/> Attached evidence of prior study                     | <input type="checkbox"/> Attached a copy of passport (and visa - if applicable) |
| <input type="checkbox"/> Evidence of English requirement (IELTS/PTE/Tofel)    | <input type="checkbox"/> Attached an application letter/statement of intent     |
| <input type="checkbox"/> Attached evidence of work experience (if applicable) | <input type="checkbox"/> Designated caregiver document (if applicable)          |
| <input type="checkbox"/> Signed and dated the Declaration section             | <input type="checkbox"/> Attached a photo for student ID                        |

## TERMS AND CONDITIONS

### Code of Practice

Skills Update Training Institute t/a Marsden Technical Institute (SUTI-MTI) has agreed to observe and be bound by the Code of Practice for the Pastoral Care of International Students published by the Ministry of Education. Copies of the Code are available on request from the provider or the New Zealand Ministry of Education website:

<http://www.minedu.govt.nz/goto/international>

### Fees

Please indicate your full name and date of birth or invoice number as a reference. It takes a minimum of 2 - 5 working days to clear any overseas payment. The receipt will be issued once payment is received within 24 hours.

Account Name: Public Trust Skills Update Training Institute

Account No: 02-0536-0305865-01

PTE Reference: CLI00466214

Bank Name: Bank of New Zealand

Branch: North End Branch

Bank Address: Public Trust, 100 Lambton Quay, Wellington, New Zealand

Swift Code BKNZNZ22

Please note that the bank may charge an additional amount to process foreign currency transactions.

### Refund Policy

#### Written Confirmation of Withdrawal

Before processing a refund of fees, SUTI-MTI may require a student to provide written confirmation of the withdrawal from the student's parents or guardian (if under 18 years old).

#### Withdrawal before course commencement

In the event of withdrawal from the course after fees have been paid but before the commencement of the course, all tuition fees less 25% will be refunded.

Students may be allowed to join a course as a late arrival after the scheduled commencement date. The provisions of SUTI-MTI's Refund Policy apply from the scheduled commencement date and not the date on which late Students arrive.

#### Fee Refunds in other circumstances

- Student visa not granted
- Student visa extension not granted
- Marsden Technical Institute is unable to proceed with the course
- Student withdrawn the enrolment before applying for a student visa

The student must provide an official letter from INZ confirming the visa / extension visa decline

The student will receive a full refund of all fees paid less a deduction of 10% up to a maximum of \$750

### Immigration

Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements are available through Immigration New Zealand, and can be viewed on their website at: <http://www.immigration.govt.nz>

Students must notify us in writing, of any change of address or accommodation type otherwise they are in breach of their Student Permit and the Code of Practice for the Pastoral Care of International Students.

No student will be allowed to change to a Visitor Visa until they have completed their course of study and have a letter from their institution to that effect to give to Immigration New Zealand.

## Verified Documents

Copies of all your original documentation attached must be sighted and signed as true and accurate copies of the original by a person authorized to do so, such as a Justice of the Peace or Lawyer or SUTI-MTI authorised agent.

## Privacy

SUTI-MTI and its related companies collect and store information from this form to comply with the requirements of the Ministry of Education, New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Department of Immigration and Agencies who support particular students through scholarships and prizes, payment of fees or other awards. The information is also used to select students for qualifications, to manage internal administrative processes, for internal reporting and to provide ancillary services. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. In addition, when required by statute, SUTI-MTI and its related companies release 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 you authorise such disclosure on the understanding that SUTI-MTI and its related companies 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. To do so, contact your Student Support Advisor or Academic Registry.

**NB:** The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the Institution to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <https://www.privacy.org.nz/the-privacy-act-and-codes/privacy-act-and-codes-introduction/>

## Student Acknowledgment

1. The purpose of the Student Acknowledgment is to make sure that:
  - a) You understand the student fee protection arrangements that have been put in place by SUTI-MTI to protect your student fees;
  - b) You understand what happens to any refunds (if there are any) of your student fees if a course closure event occurs; and
  - c) You provide the necessary information about yourself and your student fees.
2. By signing the Student Acknowledgment you are agreeing that:
  - a) You are aware that SUTI-MTI has entered into the Student Fee Protection Static Trust Deed with Public Trust ("Trustee") for the protection of your Student Fees ("Trust Deed").
  - b) You understand that if a course closure event occurs, it will be the Trustee's duty to make sure the correct amounts of any refunds (if there are any), are distributed to entitled students in accordance with the Trust Deed and the New Zealand Qualifications Authority Policy. As such, your refunds may need to be paid to another school if you enrol in another course (the alternative provider), your student loan provider such as Study Link (the loan provider), yourself, or anyone else who should be paid your refund

(such as any person who may have paid your fees for you) (the third party).

- c) You understand that personal information about yourself will be given to SUTI-MTI, the New Zealand Qualifications Authority, the Trustee and the Auditors of SUTI-MTI.

**I acknowledge and agree that:**

3. If a course closure event occurs and I transfer to an alternative provider with the approval of the Qualifications Authority, any amount agreed by me, up to the entitled student amount attributable to me will be transferred from the Trust Fund to that alternative provider;
- a) if a course closure event occurs and I owe money to a loan provider (as set out below) in respect of that course, the Trustee is authorised to repay the tuition fees portion of the entitled student amount attributable to me, less any amount transferred to an alternate provider, directly to that loan provider to the extent required to settle the amount due to the loan provider;
- b) subject to (a) above, if a course closure event occurs and the Trustee refunds any amount directly to me, the Trustee will refund the entitled student amount attributable to me by way of direct credit to my bank account or cheque posted to my last known postal address notified to the Trustee;
- c) if another party is entitled to receive any refund of the entitled student amount attributable to me, I will provide the Trustee with the contact details of that party (as set out below) to which the refund should be sent;
- d) personal information about me and information about my student fees may be supplied by SUTI-MTI to the Qualifications Authority, Auditor or the Trustee or by the Trustee or Auditor to the Qualifications Authority;
- e) my information will be held by SUTI-MTI at 59, Tidal Road, Mangere Auckland 2150 New Zealand;
- f) I have a right to access to, and correction of, my personal information that SUTI-MTI holds;
- g) after the payments contemplated in 3, (a), (b) and (c) above have been made, the trusts on which the Trustee was holding the Trust Fund will have been discharged;
- h) any interest earned on the Trust Fund prior to payment under 3, (a), (b) or (c) above will vest in and be payable to SUTI-MTI for its own benefit, and I will have no claim to such interest; Capitalised terms used in this student acknowledgement shall have the meaning as defined in the Student Fee Protection Static Trust Deed between SUTI-MTI and the Trustee, a copy of which has been made available to me by SUTI-MTI (the "Deed").

## DECLARATION BY APPLICANT:

I confirm that I am enrolling as an SUTI-MTI student and that my course will be delivered at SUTI-MTI Mangere, Auckland Campus, through an arrangement, as approved by NZQA. I declare that to the best of my knowledge all the information supplied on, and with, this 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 also understand that if material information is withheld or information provided by me is subsequently found to be false or inaccurate, my enrolment may be cancelled and I agree that I will be liable for any costs incurred by SUTI-MTI in cancelling my enrolment. I also agree to the use and disclosure of my information to my parent or student-appointed representative for any purpose related to my education or wellbeing both before and after admission. I authorise Immigration New Zealand and the Department of Labour to provide SUTI-MTI with any personal details regarding my immigration status, including any information that I have submitted to Immigration New Zealand in the course of any visa or permit application. I declare that I have appropriate and current medical and travel insurance for the duration of my planned period of study. I understand that I may be required to attend excursions and activities, organised by SUTI-MTI as part of my course. I authorise SUTI-MTI to obtain medical treatment for me should such action be deemed necessary by SUTIMTI or a staff member acting on behalf of SUTI-MTI. I agree to indemnify SUTI-MTI for any expense, loss, damage or liability of whatsoever nature as a result of authorizing and arranging such emergency medical treatment. I agree that I am responsible for my own books, equipment and personal items and I hereby release SUTI-MTI from all liability and claims for loss or damage to such terms, howsoever caused.

### Applicant:

By signing this form, I/We confirm that I/We have read and understood and agree to abide the enrolment terms and conditions, the privacy statement, the student acknowledgement and declaration set out in this document.

I/We acknowledge that the provision of false information or withholding of relevant information may result in the termination of enrolment.

I grant SUTI-MTI permission to provide my parent(s)/legal guardian(s) with information relating to any SUTI-MTI policy breaches, ongoing academic progress, results, attendance and fee arrears.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_  
(if applicant under 18 years of age)

Parent/Legal Guardian's Signature: \_\_\_\_\_  
(if applicant under 18 years of age)

**Note:** For students under 18 years of age, please request an indemnity document for designated caregiver



## DECLARATION BY A LICENSED IMMIGRATION ADVISER:

This section must be completed and signed by the licensed immigration adviser who has assisted the applicant by providing immigration advice, explaining, translating, or recording information on the form for the applicant.

Please provide your license details below:

License Type:  Full  Provisional  Limited (list conditions specified)

License Number: \_\_\_\_\_

I certify that the applicant asked me to help complete this form and any additional forms. I certify that the applicant agreed that the information provided was correct before signing the declaration. I understand that after the applicant has signed the form it is an offence for me to change or add further information, or change or add any documents to the form, without making a statement identifying what information material has been changed. I have provided immigration advice and my details provided are correct.

Licensed Immigration Advisor's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## DECLARATION BY A TRAINED NZ EDUCATION AGENT:

This section must be completed and signed by the trained NZ Education agent who has assisted the applicant by providing immigration advice, explaining, translating, or recording information on the form for the applicant.

I declare that I have personally conducted the interview process and read the terms and conditions with the above mentioned student. I have sighted and confirmed the accuracy of all the attached documentation. I/We understand that after the applicant has signed the form it is an offence for me to change or add further information, or change or add any documents to the form, without making a statement identifying what information material has been changed.

Trained NZ Education Agent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_