



NEW ZEALAND TRAINING CENTRE

Full-time Training in Hamilton

Enrolment Form

Phone: +64 7 839 1196

Postal address: PO Box 7151, Hamilton East, Hamilton 3247, New Zealand

Email: registrar@nztc.ac.nz | Website: www.nztc.ac.nz

Please read the instructions and criteria below carefully before you complete this enrolment form.

CRITERIA FOR ENROLMENT

All seeking Christians with the following qualifications may apply:

- Have a university degree or three-year polytechnic or trade qualification.
- Are aged 21 to 50 years.
- Have sound physical and mental health.
- Have a recommendation from church elders.
- For international students whose first language is not English, evidence of English proficiency is required. See page 6.

IMPORTANT

- If you are coming to the training for less than one semester, this is called 'auditing'. You need to fill in section A.
- If you intend to apply for a Student Visa, you must apply for at least one year in the Full-time Training.
- If you intend to apply for Student Loans or Allowances, you **must** contact NZTC **before** you apply to StudyLink.
- If you are an international student, there is a fee of NZD\$250 to process your enrolment. You can pay this when you pay your student fees.

Note: The purpose of this enrolment form is to get from you the information we need to enrol you. We also need to collect information from you as required by the Ministry of Education and other Government agencies for statistical and registration reasons.

Date of application:

Year you are applying for:

Which intake are you applying for?

February

July

The training is a two-year course. Are you able to come for the full two years? Yes No

If you answered 'No', please indicate why.

A. AUDITING

1. Do you wish to attend the Full-time Training for less than one semester?

If you answered 'Yes', please write your arrival and departure dates.

No

Yes

Arrival date:

Departure date:

B. PERSONAL DETAILS

2. Print your full legal name:

Family name:

Given name(s):

3. Preferred first name (English):

4. Date of birth:

DD / MM / YYYY

5. Gender:

Male

Female

5. Tick the box which best describes your citizenship or permanent residency status:

For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.

NZL – New Zealand Citizen

AUS – Australian Citizen

NZP – New Zealand Permanent Resident

Other (please specify):

Attach evidence to your enrolment form.

- *For domestic students, a photocopy of your passport or birth certificate.*
- *For international students, a photocopy of your passport and student visa.*

If 'Other', please also specify your fee/assistance status:

01 MFAT Scholarship (including Aotearoa, short-term training, and post-graduate).

03 Full Fee Paying Foreign Student.

04 Exchange Student.

06 Foreign Wholly Research Post-Graduate.

08 Military Personnel, Diplomatic Staff or Family, or Persons Associated with Operation Deep Freeze.

6. Ethnicity: (You may tick up to three boxes which apply to you)

111 New Zealand European/Pākehā

129 Other European (*please specify below*)

211 New Zealand Māori

411 Filipino

311 Samoan

412 Cambodian

321 Cook Island Māori

413 Vietnamese

331 Tongan

414 Other Southeast Asian (*please specify below*)

341 Niue

421 Chinese

351 Tokelauan

431 Indian

361 Fijian

441 Sri Lankan

371 Other Pacific Peoples (*please specify below*)

442 Japanese

121 British/Irish

443 Korean

122 Dutch

444 Other Asian (*please specify below*)

123 Greek

511 Middle Eastern

124 Polish

521 Latin American

125 South Slav

531 African

126 Italian

611 Other (*please specify below*)

127 German

999 Not Stated

128 Australian

Please specify if 'Other Pacific Peoples', 'Other European', 'Other Southeast Asian', 'Other Asian' or 'Other'.

7. Did you tick 'New Zealand Māori' in question 6?

No – please go to the next question.

Yes – please specify.

You may enter more than one Iwi. If you do not know your Iwi, please enter 'Don't Know'.

Iwi:

Rohe (Iwi home area):

Iwi:

Rohe (Iwi home area):

C. CONTACT DETAILS

8. Home address:

Postcode:

Postal address: (if different from above)

Postcode:

Phone:

Mobile:

Email: - We require trainees to have a Gmail account. If you don't have, please create one before you arrive at the training.

9. Next of kin's name:

Relationship to you:

Phone:

Email

D. CHRISTIAN BACKGROUND

10. Date saved:

Date baptised:

11. Date you came to the church:

Locality:

12. Recent trainings or conferences you have attended:

E. MEANS OF SUPPORT

13. You will be supported by:

- Yourself
- Church
- Family or friends

Other means: (please specify)

14. Do you expect to receive Student Allowance? (NZ residents only)

If yes, you **must** contact NZTC **before** you apply to StudyLink.

- Yes
- No

15. The training does not encourage the trainees to apply for loans or accumulate debt due to the training fees. Are you expecting to apply for a Student Loan for the training?

- Yes
- No

Other relevant information:

F. MARITAL STATUS

16. Marital status:

- Single
- Married
- Engaged
- Separated
- Divorced
- Widowed

Spouse's name:

Spouse's age:

Date of marriage:

Spouse's occupation:

Spouse's attitude toward you being trained full-time:

- Agree
- Disagree
- Also burdened to be trained full-time

17. Dependants:

a. Name:

Relationship to you:

Age:

Saved?

- Yes
- No

b. Name:

Relationship to you:

Age:

Saved?

- Yes
- No

c. Name:

Relationship to you:

Age:

Saved?

- Yes
- No

G. HEALTH

18. Are you in good physical and psychological condition? *If not, please explain.*

No

Yes

19. Do you have any physical disabilities? *If yes, please explain.*

No

Yes

20. Do you have any health problems? *If yes, please explain.*

No

Yes

21. Do you have any food allergies? *If yes, please explain.*

No

Yes

22. Do you smoke? *If yes, please explain.*

No

Yes

23. Do you anticipate any problems in sharing a room with up to three others?

No

Yes

24. Do you snore, grind your teeth or talk in your sleep? *If yes, please specify.*

No

Yes

25. The Hamilton climate may affect asthma sufferers. Do you have asthma?

No

Yes

26. Other relevant information or questions:

H. ACADEMIC INFORMATION

Please attach evidence of your qualification to your enrolment form.

27. Secondary School

What was the name of the last secondary school you attended? State 'overseas' if applicable.

Office use

What was your last year at secondary school? E.g. 2014

What is the highest level of achievement you hold from a secondary school?

Your highest achievement may be a 'traditional' award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box.

00 No formal secondary qualifications

15 NCEA Level 3 **or** Bursary **or** Scholarship

11 Fourteen or more credits at any level

09 Overseas qualification (*includes International Baccalaureate & Cambridge Exams*)

12 NCEA Level 1 **or** School Certificate

98 Other

13 NCEA Level 2 **or** 6th Form Certificate

99 Not Known

14 University Entrance

Please specify if you have ticked 'Overseas qualification' or 'Other':

28. Tertiary Study

Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving secondary school?
Do not include enrolments in STAR, community or hobby classes.

No Yes

If you answered 'No', please enter the name of the organisation you studied at and the year of your first enrolment:

Name of organisation:

Year:

29. What is your degree/qualification? (If auditing, how many years have you studied at tertiary level?)

30. Date of graduation:

31. Prior activity before coming to the training? (e.g. working, studying etc.)

I. ENGLISH PROFICIENCY

*Only fill in this section if you are an international student and English is **not** your **first** language.*

International students enrolling for the Full-time Training are required by the government to have proficiency in English. You must meet one of the following proficiency outcomes:

- **IELTS:** Academic score of 5.5 with no band lower than 5.
- **TOEFL:** Paper-based test (pBT) score of 550 (with an essay score of 5 TWE) or, Internet-based test (iBT) score of 46 (with a writing score of 20).
- **Cambridge English Examinations:** FCE or FCE for schools with a score of 162. No less than 154 in each skill OET at Grade C in all sub-tests.

If you do not meet any of these outcomes, the New Zealand Training Centre can recommend an English course for you at a local English Language School. You will be a student at that school until you meet the proficiency requirement to enrol and begin the Full-time Training.

32. What level of English proficiency outcome did you achieve?

Attach evidence to your enrolment form.

Date achieved:

DD / MM / YYYY

33. Our training is conducted in English. Do you foresee having any difficulties because of this?

(For example: following instructions, listening to messages, speaking.)

Yes No

36. Elders' signatures

Signature #1:

Name: (please print in English)

Phone number:

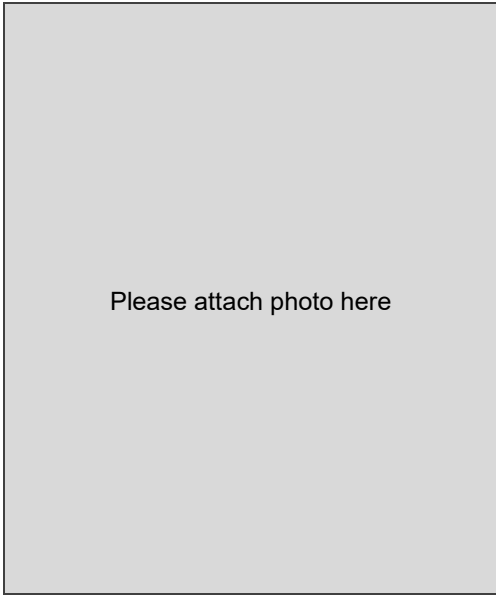
Signature #2:

Name: (please print in English)

Phone number:

K. PHOTOGRAPH

37. In the space provided place a photograph (less than one month old) of yourself.



L. HOW DID YOU HEAR ABOUT THE TRAINING?

38. Please tick the most important sources of information about the training. You may tick more than one. This will help us. Thank you!

- | | |
|---|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Conference |
| <input type="checkbox"/> Ministry (printed) | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Present trainee | <input type="checkbox"/> Highschooler training |
| <input type="checkbox"/> Past trainee | <input type="checkbox"/> NZTC website |
| <input type="checkbox"/> Full-timer | <input type="checkbox"/> Visit by trainee |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Consecrated as a highschooler |
| <input type="checkbox"/> Older church member | <input type="checkbox"/> Consecrated as a young person |
| <input type="checkbox"/> Training (video or live) | |

M. TRANSPORTATION

39. Do you have a full drivers' licence?

- Yes No

40. Will you be bringing a car to the training?

- Yes No

N. DECLARATION

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete.

Signature:

Date:

OFFICE USE ONLY

Form received:

Director's signature:

Registration fee paid?

Yes

No

Date accepted:

CHECKLIST

Use the checklist below to check that you've attached all the documents we need from you.

- Evidence of your degree/qualification.
- For domestic students: evidence of your New Zealand citizenship or residency (such as a photocopy of your passport, birth certificate or visa).
- For international students: evidence of your eligibility to study in New Zealand (such as a photocopy of your passport and the page showing your visa).
- For international students: evidence that you have met the English requirements.
- A photograph of yourself that is no more than one month old.

WHAT YOU SHOULD DO NOW

1. Ensure this form is filled out completely and that you have attached all the correct documents (an incomplete enrolment form may need to be returned to be completed).
2. Post or email your completed form as early as possible to allow for processing. Post your enrolment form to: New Zealand Training Centre, PO Box 7151, Hamilton East, Hamilton 3247; or email it to: registrar@nztc.ac.nz.
3. You will be notified once your enrolment has been accepted. If you are an international student, a receipt will be sent to you to enable you to apply for a student visa.