

### NEW ZEALAND TRAINING CENTRE

Full-Time Training in Hamilton (First Year) Enrolment Form Certificate of Biblical Studies (Qualification # 2772)

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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.

#### **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 submit your application to NZTC and be accepted by 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 app ☐ February ☐ July	
The training is a two-year of	course. Are you able to come fo	or the full two years?	es 🗆 No
If you answered 'No', pleas	e indicate why.		
A. AUDITING			
	ne Full-time Training for less th blease write your arrival and de		
□ No	□ Yes	Arrival date:	Departure date:
	00	DD / MM / YYYY	DD / MM / YYYY

В	S. PERSONAL DETAILS			
2.	Print your full legal name:			
	Family name:			
	Given name(s):			
_	Destance of Contraction (Facility)			
ა.	Preferred first name (English):			
4.	. Date of birth: 5. Gender:			
	DD / MM / YYYY	☐ Female		
_	Tiels the best which heat describes your siting palin or no	www.co.co.t.wo.cido.co.y.oto.ty.o.		
ο.	Tick the box which best describes your citizenship or pe For students with dual citizenship, specify the country of	· · · · · · · · · · · · · · · · · · ·		
	□ NZL – New Zealand Citizen			
	□ NZP – New Zealand Permanent Resident	Other (please specify):		
	7/2/ 110W Zodiana i Gimanoni Noolaoni	— Guier (piease spearly).		
	Attach evidence to your enrolment form.			
	<ul> <li>For domestic students, a photocopy of your passport</li> </ul>	t or birth certificate.		
	For international students, a photocopy of your passiple.			
6.	Ethnicity: (You may tick up to three boxes which apply to	o 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)		
	☐ <i>341</i> 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		

Please specify if Other Pacific Peoples, Other European, Other Southeast Asian, Other Asian of Other.		
<ul> <li>7. Did you tick 'New Zealand Māori' in question 6?</li> <li>No – please go to the next question.</li> <li>Yes – please specify.</li> <li>You may enter more than one lwi. If you do not lwi:</li> </ul>	not know your lwi, please enter 'Don't Know'. Rohe (lwi home area):	
lwi:	Rohe (Iwi home area):	
C. CONTACT DETAILS		
8. Home address:		
	Postcode:	
Destal address ("Ad" and the make and	Posicode.	
Postal address: (if different from above)		
	Postcode:	
Phone:	Mobile:	
( )	( )	
Email: - We require trainees to have a Gmail account. If y	ou don't have, please create one before you arrive at the training.	
Next of kin's name:		
Polationship to your	Phone:	
Relationship to you:	Filone.	
L Email		
D. CHRISTIAN BACKGROUND		
10. Date saved:	Date baptised:	
DD / MM / YYYY	DD / MM / YYYY	
11. Date you came to the church:	Locality:	
DD / MM / YYYY		
12. Recent trainings or conferences you have attende	ed:	

E. MEANS OF SUPPORT	
13. You will be supported by:	
☐ Yourself	Other means: (please specify)
Church	
☐ Family or friends	
·	
<b>14.</b> Do you expect to receive Student Allowance? (NZ resingless, you must contact NZTC before you apply to St	
☐ Yes ☐ No	
<b>15.</b> The training does not encourage the trainees to apply Are you expecting to apply for a Student Loan for the t	
☐ Yes ☐ No	
Other relevant information:	
F. MARITAL STATUS	
16.Marital status:	
_	□ O
☐ Single	☐ Separated
∐ Married	☐ Divorced
∐ Engaged	☐ Widowed
Spouse's name:	
Spouse's age:	Date of marriage:
Chause's assumation:	DD / MM / YYYY
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		
<b>18.</b> Are you in good ph	ysical and psychological con-	dition? If not, please explain.
□ No	☐ Yes	
	hysical disabilities? <i>If yes, plant</i>	ease explain.
□No	□Yes	
	ealth problems? If yes, pleas	e explain.
□ No	□ Yes	·
	ood allergies? If yes, please	explain.
□No	☐ Yes	
22. Do you smoke? If	/es, please explain.	
□No	□ Yes	
23. Do you anticipate a	any problems in sharing a room	m with up to three others?
□No	☐ Yes	
24. Do you snore, grine	d your teeth or talk in your sle	ep? If yes, please specify.
□No	☐ Yes	
25. The Hamilton clima	ate may affect asthma suffere	rs. Do you have asthma?
□No	□ Yes	·
26.Other relevant info	rmation or questions:	
H. ACADEMIC IN	FORMATION	
Please attach evidend	e of your qualification to your	enrolment form.
27. Secondary School	ol .	
What was the nam	e of the last secondary school	ol you attended? State 'overseas' if applicable.  Office use
What was your las	t year at secondary school?	
_	t level of achievement you ho	· · · · · · · · · · · · · · · · · · ·
_	-	award such as School Certificate, or you may have achieved a certain level on the National Qualifications Framework. Your
		y credits you have. Tick only one box.
☐ 00 No formal se	econdary qualifications	☐ 15 NCEA Level 3 or Bursary or Scholarship
☐ 11 Fourteen or	more credits at any level	☐ 09 Overseas qualification (includes International
	1 or School Certificate	Baccalaureate & Cambridge Exams)
☐ 13 NCEA Leve	2 <b>or</b> 6th Form Certificate	98 Other
☐ 14 University E	ntrance	☐ 99 Not Known
-	ou have ticked 'Overseas qua	alification' or 'Other':
1		

28	Tertiary Study		
	Will this be the first year you have ever enrolled in a University, Polytechnic, College o Training Establishment, or Wānanga either in New Zealand or overseas since leaving 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 Name of organisation:	ar of your	first enrolment: Year:
29	What is your degree/qualification? (If auditing, how many years have you studied at tel	rtiary lev	el?)
30	Date of graduation:  DD / MM / YYYY		
31.	Prior activity before coming to the training? (e.g. working, studying etc.)		
<b>I</b> . I	ENGLISH PROFICIENCY		
On	ly fill in this section if you are an international student and English is <b>not</b> your <b>first</b> lang	guage.	
Inte	International students enrolling for the Full-Time Training are required to have proficiency in English (this is a government requirement). The required levels are given below. Attach evidence that you have met the English proficiency requirements to your enrolment form.		
En	If you have not achieved this, the New Zealand Training Centre can help to arrange an English course at a local English Language School that we recommend. You will be a learner of that provider and not enrolled for the Full-Time Training.		
Ac. •	Score of 46 (with a writing score of 14).		
32.	What level of English proficiency outcome did you achieve?	Date acl	nieved:
		DD / N	MM / YYYY
33.	Our training is conducted in English. Do you foresee having any difficulties because of (For example: following instructions, listening to messages, speaking.)	this?	
	☐ Yes ☐ No		

37. In the space provided place recent a photograph (less than one month old) of yourself.	Please attach photo here
K. Testimony	
Please write a brief testimony of how the Lord has led you to come to the	ne Full-time Training.
I and the second se	

J. PHOTOGRAPH

## 38. Please tick the most important sources of information about the training. You may tick more than one. This will help us. Thank you! ☐ Conference ☐ Word of mouth ☐ Ministry (printed) ☐ Camp ☐ Present trainee ☐ Highschooler training ☐ Past trainee ☐ NZTC website ☐ Full-timer ☐ Visit by trainee ☐ Parent ☐ Consecrated as a highschooler Older church member ☐ Consecrated as a young person ☐ 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.PRACTICAL SERVICE ABILITIES 41. Please write any practical service abilities you have (for example, piano, guitar, carpentry, plumbing, electrical, computing etc.) O. 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: P. ELDERS' RECOMMENDATION 42. Please ask two elders' from your locality to sign below to indicate that they recommend that you attend the fulltime training: Elders' signatures Signature #1: Signature #2: Name: (please print in English) Name: (please print in English) Phone number: Phone number: Email address: Email address:

L. HOW DID YOU HEAR ABOUT THE TRAINING?

# **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.

OFFICE USE ONLY		
Form received:	Director's signature:	
DD / MM / YYYY		
Registration fee paid?	Date accepted:	
□Yes□	DD / MM / YYYY	