



FOR OFFICE USE ONLY

Student ID Number

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Enrolment – Cromwell Campus

Otago Secondary-Tertiary College

1) Programme Options Please tick one.

- | | |
|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Cookery L3 |
| <input type="checkbox"/> Automotive L2 | <input type="checkbox"/> Construction L2 |
| <input type="checkbox"/> Automotive L3 | <input type="checkbox"/> Horticulture |
| <input type="checkbox"/> Beauty Therapy | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Bicycle Mechanics | <input type="checkbox"/> Sports Turf Management |
| <input type="checkbox"/> Central Otago Youth Employment Programme | <input type="checkbox"/> Uniform Services |
| | <input type="checkbox"/> Police Pathway |

If you have a second choice, what is it?

2) Personal Details Please print your legal name in full.

Family name

Given name(s)

If you are not commonly called by your legal given name what do you prefer to be called?

Preferred given name

What is your date of birth? (e.g. 01/07/1995) / /

What is your gender? Female Male Diverse

Have you been enrolled previously at Otago Polytechnic? Yes No

Previous family name(s)

Previous given name(s)

3) Citizenship and Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> New Zealand citizen
(including Cook Islands, Tokelau, or Niue) | <input type="checkbox"/> New Zealand permanent resident |
| <input type="checkbox"/> Australian Citizen or Permanent Resident | <input type="checkbox"/> Other |

Please attach a copy of your visa

4) Contact Details

Home Address _____ Town/City _____

Cellphone _____ Home Phone _____

Email Address _____

School Name _____ Town/City _____

NEXT OF KIN

In an emergency, who do you want us to contact?

Name _____ Relationship (e.g. friend, mother, whānau) _____

Contact Number(s) _____

Email _____

5) NSI Number (if known)

NZ Qualifications Authority (NZQA) or National Student Index (NSI)
Registration Number: (please provide below)

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*With which ethnic group(s) do you identify?
(you can tick up to 3 boxes)*

If you are NZ Māori, state ALL Iwi to which you affiliate.

- NZ European/Pākehā
 NZ Māori

Iwi - _____

Iwi - _____

Iwi - _____

- British/Irish
 Dutch
 Greek
 Polish
 South Slav
 Italian
 German
 Australian
 Other European (please specify)

- Samoan
 Cook Island Māori
 Tongan
 Niuean
 Tokelauan
 Fijian
 Other Pacific Peoples (please specify)

- Filipino
 Cambodian
 Vietnamese
 Other Southeast Asian (please specify)

- Chinese
 Indian
 Sri Lankan
 Japanese
 Korean
 Other Asian (please specify)

- Middle Eastern
 Latin American
 African
 Other (please specify)

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NSN Checked _____ / _____ / 20

Validation Checked Active Partial No Number

ENROLMENT PROCESSED BY:

_____ / _____ / _____

Please see reverse side of this form to complete your enrolment details.

6) Learning Support (This information is confidential unless you choose to share it with others)

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

Yes No

Please specify the type of injury, illness or disability you have:

Deaf Blind Mental Health Physical/Mobility Hearing Vision Speech

Temporary Impairment Medical (Please specify)

Specific Learning Other (Please specify)

In an emergency, would you require help to leave the building?

Yes No If "Yes" please give details: _____

Is English your first language?

Yes No If "No" please specify what language you speak best:

Are you taking any prescription medication?

Yes No If "Yes" please give details: _____

7) Required Information

What year will you be at school in 2021: Year 11 Year 12 Year 13

Please attach a copy of your birth certificate or passport so we can verify your name and date of birth.

What is the highest award you hold from secondary school?

14 or more credits at any level NCEA Level 1 NCEA Level 2 NCEA Level No formal secondary school qualification

8) Student Signature and Declaration

I commit to this programme and agree to abide by the rules of the Otago Secondary-Tertiary College. I will follow the health and safety guidelines as outlined to me. I authorise the Otago Secondary-Tertiary College to disclose information about assessments, attendance and progress to the contributing school, and to whānau, parents/caregivers.

We want everyone to get the most out of their learning time with us, therefore the key rules are:

- Follow all health and safety guidelines. Do not use equipment that you are not told to use, and always use only in the presence of a staff member.
- Respect all students and staff. There is a zero tolerance policy to bullying.
- Absolutely No Smoking.
- Your hours are 8.45am – 3.00pm (excluding travel) and you are required to attend every Friday in order to gain the credits. If your attendance falls off at school or at the OSTC, you may be removed from the programme.
- When on field trips, behave appropriately and respectfully. Remember it may be a future employer that is talking to you.
- Where applicable, protective safety clothes are to be worn for all practical sessions and field trips. Folders, boots, overalls and uniforms will remain at the polytechnic. Overalls may go home for a wash at the end of each term. Please note, if you do not have the correct safety clothes on you will not be allowed to take part in practical sessions or field trips. No exceptions.
- Do not bring, use or be under the influence of drugs or alcohol. If we have any reason to suspect you are under the influence, you will be returned to school and if evidence supports the suspicion you will be removed from the OSTC programme permanently.

_____/_____/20_____
DATE

SIGNATURE

I acknowledge this enrolment as Legal Parent or Guardian (co-sign):

NAME

_____/_____/20_____
DATE

SIGNATURE

9. Tell us about yourself and how your OSTC course fits in with your study

Why do you want to attend Otago Secondary Tertiary College?

What interests you about this programme?

Have you gained any experience in this field?

What is your preferred career pathway or next steps after completing this programme?

How will OSTC fit in with your commitments at school?

10. Media Consent

Thank you for agreeing to participate in future promotions of Otago Polytechnic. Signing this form indicates that you understand the purposes for which your image (photo or video), name and/or statements will be used.

I give permission for Otago Polytechnic to use my photo, video, artwork, name, and or profile for promotional purposes. These may appear in (but not limited to) print publications, online videos, websites and other material aimed at promoting Otago Polytechnic, Polytechnic education and New Zealand as an educational destination. The term of the licence is in perpetuity and the territory is worldwide.

I am not aware of any circumstances which might mean that the use of my image by Otago Polytechnic has the potential to adversely affect the reputation of the Polytechnic.

I understand that I have the right to delete my file at any time. Otago Polytechnic will use discretion when using any of the above and will not discredit you in any way.

Name

Course/Programme area

Phone	Email
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Signed
.....
<input type="checkbox"/> I have read this consent form and agree to the terms and conditions as written above.
Date / /

Parent/Guardian signature if under 18
.....
<input type="checkbox"/> I have read this consent form and agree to the terms and conditions as written above.
Date / /

CHECKLIST:

- Have you attached a copy of your birth certificate or passport?
- Has your Parent or Guardian signed the Behavioural Contract and Media Consent?
- Please check that you have completed the all the sections of this form.

11. School Comments/Endorsement – to be completed by teaching staff or Careers Advisor.

(Cover aspects of student's workload management, how this programme will fit in with school programme and any issues, extra support or help this student may require.)