Dual Enrolment Application



Thank you for applying to Ara.

We recommend that you read our Admission & Enrolment Guide before completing this form.

The guide is available online at **www.ara.ac.nz/student-services/how-to-apply** or you can talk to us directly on **0800 24 24 76** for assistance or to check how your application is progressing.

You must complete **every section** of this form.

fee, this is higher than the

Scan and email your completed forms and identity document to enrolmentsupport@ara.ac.nz

Once we receive your application, we will be in touch by email.

Section 1 Tips	1 Your name and	l details		
> Please only use a blue or				
black pen	Legal surname or			
> Please print your legal name in full.	family name			
➤ If you are not commonly called by your legal name	Legal given name(s)			
please fill in a preferred name				
➤ A verified copy of either	Preferred name			
identity document from school SMS birth certificate	Have you previously been kn	nown by another name?		
 passport needs to be provided with 	Previous family name(s)			
this form (see Section 8 for details)	,			
If you have enrolled at	Previous given name(s)			
Ara before you will have a Student ID number and if you have studied in NZ you may have an	Gender	Female Male	Diverse	
NSI or NZQA number. If not applicable enter N/A	Date of Birth			
Residency indicates the country which you are entitled to permanently reside in.	Have you previously enrolled	l at this institution? Yes	No	
➤ If you select any other option except New Zealand	Ara Student ID (if known)		NSI or NZQA No. (if known)	
citizen, you will need to indicate the country of which you hold citizenship	Citizenship (Nationality)			
(citizenship by birth or granted citizenship). If you are	Residency Status	New Zealand Citizen	New Zealand Permanent Resident	
not a New Zealand citizen or permanent resident you may be liable for an		Australian Citizen	Australian Permanent Resident	Overseas
international student	If you are from eversees are	vou in New Zealand on a student v	ica? Voc No	

Madras Street PO Box 540 Christchurch 8140
Tel 0800 24 24 76 www.ara.ac.nz info@ara.ac.nz









Section 2 Tips

2 Your intended programme of study

To complete this section please refer to the Dual Enrolment timetable for programme details.

Programme title

Programme code

Location of study Ara City campus (Madras Street) Ara Woolston campus (Ensors Road)

SIT (Waterloo Road) Timaru Oamaru

Section 3 Tips

3 Your eligibility to meet entry requirements

➤ Refer to Ara brochures or www.ara.ac.nz for specific entry requirements related to your chosen programme of study

English language requirements

Is English your first language? Yes No

Section 4 Tips

4 Your contact details

Ara uses email as the primary communication method. Please provide a current personal email address below.

Email

Your correct contact information helps us keep you informed of your application status.

Mobile phone Home phone

Current address

Number/flat and street name Suburb

Town/City Postcode

> Emergency Contact Person

Who should we contact in an emergency? (If you are under 18 please include guardian details) Emergency & Updates contact (Parent or Guardian)

Full name

Phone Relationship

Email

Section 5 Tips

5 Your ethnicity

➤ If you select NZ Māori and wish to state the iwi you belong to you may specify more than one iwi. If you do not know your iwi or would prefer not to state your iwi please leave this field

blank.

Identify your main ethnicity as '1'. You may choose up to three ethnicities; identify these as '2', '3'

NZ Māori (please specify lwi)

NZ European/Pākehā Chinese

Cook Island Māori Japanese

Tokelauan Korean

Niuean Cambodian

Samoan Vietnamese

Other South East Asian
British/Irish
Dutch
German
Greek
Italian

Other Asian

South Slav

Other European Middle Eastern

Latin American

African

Other (please specify):

TonganIndianGreekFijianSri LankanItalianOther Pacific peopleFilipinoPolish

Australian Indonesian

Section 6 Tips

> Please note: educational institutes are required to report statistical information to the Ministry of Education on an annual

6 Your educational background

This information regarding your educational background is required by the Ministry of Education.

A) SECONDARY EDUCATION							
Name of current secondary school attending							
What years have you been attending this school? (eg 2010)		УУ	to	\vee \vee \vee \vee	current		
What is the highest level of achievement you hol	d from a seco	ondary schoo	l?	Please tick one box only			
No formal secondary qualification	No formal secondary qualification 14 or more credits at any level						
NCEA Level 1 NCEA Level 2							
University Entrance (minimum requirement to study degree programme in NZ)	versity Entrance (minimum requirement udy degree programme in NZ)						
Overseas qualification (includes International	l Baccalaurea	ate and Camb	ridge	e Exams)			
Other (please specify)	lot known						
B) TERTIARY EDUCATION							
Will this be your first year of tertiary study?	Ye	es No					
If NO, please enter the name of the tertiary institu	ıte you last st	udied at					
If NO, what qualification were you studying?							
If NO, what year was your first year of tertiary stu	dy?						
C) PRIOR ACTIVITY							
What was your main activity/occupation in New 2	ealand on 1 C	October prior	to the	e date of your programme	e starting?		
Secondary school student	Р	Polytechnic/Institute of Technology student					
University student	Р	Private training establishment student					
Wānanga student	L	Unemployed or beneficiary (excluding retired)					
Wage or salary worker	C	Overseas (please specify)					
D) STUDY INFORMATION							
What year will you be studying in at school?	Year 11	Year 12	,	Year 13			
Will this be the first year you have ever enrolled w	rith Ara?						
Yes No If you answered NO, please	enter the yea	ar of your first	t enro	olment			

Section 7 Tips

This information will remain confidential.

Your Student Advisor will discuss this information with you at your 'Get Ready Conversation' before you start your programme.

Your learning and disability support

Tertiary study can be academically demanding.

Would you like information about the learning resources and services available to you? No Yes

Do you live with the effects of disability, illness or injury? Yes No

If YES, please indicate which of the following apply to you:

Autistic spectrum disorder Blind Vision impairment

Mental health conditions Deaf Hearing impairment (anxiety, personality disorder, etc)

Specific learning disability (dyslexia, dysgraphia, etc)

Physical impairment Temporary impairment

Medical (please specify)

Other (please specify)

Are you deaf with NZ Sign Language as your first language? Yes No

In an emergency would you require help to leave the building? Yes No

Section 8 Tips Your checklist > *A verified copy is a Have you completed the following: photocopy of your original document, signed as being a Completed all sections of this Enrolment form true and accurate conv by one of the positions listed below. Read, signed and dated the Acknowledgement and Declaration (Section 10) • Justice of the Peace (see Yellow Pages) Attached a verified* copy of school SMS identity document showing your legal name, gender, citizenship and Lawyer NSN number OR your birth certificate OR passport proving your identity, plus permanent residency, visa and change • Registrar or Deputy of legal name certificate (eg marriage certificate) Registrar of the Courts Ara staff member Attached the High School Endorsement form · High school principal or delegate Attached the NZQA Record of Achievement The following needs to be included to be considered a verified copy: • the words "original sighted" · name and signature of person siahtina oriainal stamp or handwritten name of institution/organisation Section 9 9 Photo, Video, Student Work and Testimonial Release grant Ara the right and my permission to use: · photos and/or video footage of me · testimonials that have been written by or about me work I have produced, ea photos This may include the use of any of the following: printed material, including brochures, advertising posters, displays and news stories; Ara website and other electronic promotional media; any other media items aimed at promoting Ara. Testimonials may be developed into a full testimonial story (of which you will have final approval) or small quotes may be used. I have read and fully understand the terms of this release. Student signed Date **Section 10 Tips** 10 Your acknowledgement and declaration To view Ara Policies and Procedures and Terms and Conditions of Enrolment see http://www.ara.ac.nz/about-us/policies_ and http://www.ara.ac.nz/student-services/how-to-apply/terms-and-conditions > Please read and then sign and date below • In signing this form I give permission for Ara support staff to contact my whānau, parent/guardian, caregiver and or school about matters pertaining to my attendance, academic progress, behaviour or wellbeing. · By submitting this application, if I accept a place for this programme I agree to read, understand, and comply with the Ara Terms and Conditions of Enrolment; Ara Policies and Procedures; and the published programme rules of Ara Institute of Canterbury Ltd - including but not limited to Personal Information and Privacy Principles, Ara Fee Payment and Ara Student Rights and Responsibilities. Lagree • I understand and agree that Ara Institute of Canterbury Ltd will collect, store, use and disclose personal information for the purpose of conducting its normal and proper business. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 1993, Education Act 1989 and any other relevant legislation. I understand that Ara collects information from a variety of tools designed solely for the purposes of supporting my learning. I am able to have access to this information if I wish and I also understand that this information may be shared with any other Tertiary Education Organisations with whom I enrol. · I consent to the disclosure of personal information as described above. • I declare that to the best of my knowledge all of the information supplied for this application is true and complete. I acknowledge that the submission of fraudulent, forged or otherwise dishonest documentation in support of this application will automatically disqualify me from enrolment. I am the person named on this form. Lagree Student signature Date > If the applicant is under 18 years of age at the date Signature of they are due to commence parent/guardian Date study the parent/quardian must complete the Name of parent/quardian Phone additional information

Relationship to applicant