# Enrolment form

THE UNIVERSITY OF AUCKLAND
CENTRE FOR CONTINUING EDUCATION

**Please complete this form and fax to (09) 373 7419 or forward with fee to:**
**Freepost 5058, Centre for Continuing Education, Te Ara Pukenga,**
**The University of Auckland, Private Bag 92019, Auckland Mail Centre, Auckland 1142**

## Class Details

| Class No. | Course Name | Cost |
|---|---|---|
| | | |
| Class No. | Course Name | Cost |
| | | |

Tax invoice GST No. 10-010-381

## Your Details (Please register in your legal name)

Title | First Name

Family Name

Address

Home Phone

Mobile Phone

Email

Date of birth

day | month | year

◯ Male ◯ Female

### Citizenship

◯ NZ Citizen ◯ NZ/Australian Permanent Resident
◯ Australian Citizen

### Ethnic Group

◯ European/Pakeha or NZ European
◯ NZ Maori ◯ Cook Islands Maori
◯ Fijian ◯ Niuean
◯ Samoan ◯ Tokelauan
◯ Tongan ◯ Other Pacific Islands
◯ Chinese ◯ Indian
◯ Other Asian ◯ Other

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

◯ Yes ◯ No

### The Privacy Act

◯ To keep you informed we will hold your name and address on the file. Please tick this box if you do not wish to receive further information

## Identification

Do you have a University ID card? ◯ Yes ◯ No

Have you supplied the University with an ID photo in the last 12 months? ◯ Yes ◯ No

Have you attached your ID photo? ◯ Yes ◯ No

*(Please note, if you do not have a University ID and have not already given the University a photo you MUST attach a photo to this form.)*

If you know your University of Auckland ID number, please enter here

## Payment

◯ Cash ◯ Cheque *(Payable to The University of Auckland)*

◯ Visa ◯ Mastercard

No

Expiry date | Signature

Do you expect to apply to WINZ for your fee? ◯ Yes ◯ No

Are you experiencing financial hardship that may prevent you from paying your fee? ◯ Yes ◯ No

*(If you say yes to this question please contact the Programme Manager (Student Support) to explore your options. You may be asked to disclose details of your financial circumstances)*

## Other Information

Last Secondary School/Foundation School attended

Last year of study and Secondary Qualifications gained *

Last tertiary institution attended *

Highest qualification gained *

Occupation

** please attach copy of results*

How did you learn about New Start? (tick all that apply)

◯ website ◯ referred by UOA ◯ brochure
◯ information evening ◯ from a friend/family member
◯ newspaper ◯ contacted New Start
◯ community visit ◯ other