

**STUDENT ENROLMENT – First Aid & CPR – WTC7 – 2018**

**A Student Details:**

Have you previously enrolled with ETEC Limited?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NZQA Hook-on Number: _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>
First Name: _____	Last Name: _____		
Address: _____	Mobile: _____		
Date of Birth: DD/MM/YY / /		Email address: _____	

**B Employer Details:**

Name of Company: _____	Telephone: _____
Address: _____	Fax: _____
Manager: _____	Email address: _____
Telephone: _____	Mobile: _____

**C Chorus Service Company:**

Visionstream  UCG  Downer  Broadspectrum  Electronet  Other

**D New Zealand Citizenship or Residency:**

NZ Citizen (NZL)  NZ Resident (NZP)  Australian Citizen (AUS)

**E Enrolment and Payment Details:**

<p><b>Course being enrolled for: First Aid Training for Telecommunications Workers</b>          Please complete the remittance advice below          Payment is required before you start the course of instruction (see clause G for details)</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Remittance Advice**

<b>Amount Paid:</b>	<b>Invoice To:</b>
\$130.00	

**Paid By:** Cash  Cheque  Direct Credit  Credit Card

**Direct Credit To:** **ASB 12-3107-0016241-00** (Please enter your surname in the Reference Box, and the course code in the Code Box)

**Credit Card Type:** VISA  Master Card  **Name on Card:** \_\_\_\_\_

**Expiry Date:**     **CSC/CCV Code:**

**Credit Card No:**

**F For statistical purposes only the student is asked to complete the questions below for Statistics NZ, Ministry of Education and NZ Immigration Service.**

**Please tick appropriate space:**

1. **Origin:**
- |                             |                          |    |               |                          |    |
|-----------------------------|--------------------------|----|---------------|--------------------------|----|
| NZ European/European/Pakeha | <input type="checkbox"/> | 01 | NZ Maori      | <input type="checkbox"/> | 20 |
| Samoan                      | <input type="checkbox"/> | 31 | Cook Is Maori | <input type="checkbox"/> | 32 |
| Tongan                      | <input type="checkbox"/> | 33 | Niuean        | <input type="checkbox"/> | 34 |
| Tokelauan                   | <input type="checkbox"/> | 35 | Fijian        | <input type="checkbox"/> | 36 |
| Other Pacific Is.           | <input type="checkbox"/> | 37 | Chinese       | <input type="checkbox"/> | 51 |
| Other Asian                 | <input type="checkbox"/> | 68 | Other         | <input type="checkbox"/> | 89 |

If you ticked Other; Other Pacific Is; Other Asian – Please specify: \_\_\_\_\_

2. **Prior Activity (tick one box only):**

What was your main activity or occupation in New Zealand at 1 October last year?

- |                                         |                          |    |                                                 |                          |    |
|-----------------------------------------|--------------------------|----|-------------------------------------------------|--------------------------|----|
| Secondary School Student...             | <input type="checkbox"/> | 01 | Non-employed or beneficiary (excluding retired) | <input type="checkbox"/> | 02 |
| Wage or salary worker                   | <input type="checkbox"/> | 03 | Self-employed                                   | <input type="checkbox"/> | 04 |
| University student                      | <input type="checkbox"/> | 05 | Polytechnic student                             | <input type="checkbox"/> | 06 |
| College of education student            | <input type="checkbox"/> | 07 | House-person or retired                         | <input type="checkbox"/> | 08 |
| Overseas (irrespective of occupation..) | <input type="checkbox"/> | 09 | Private training establishment student..        | <input type="checkbox"/> | 11 |
| Wananga student                         | <input type="checkbox"/> | 12 | Other                                           | <input type="checkbox"/> | 99 |

If you ticked Other – Please specify: \_\_\_\_\_

3. **Tertiary Study:**

Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment, or Wananga either in New Zealand or overseas since leaving school?

**Do not include enrolments in STAR, community or hobby classes. Yes  No**

If you ticked NO – Please state **date** of first enrolment: \_\_\_\_\_

**G Cancellation of course**

- If you fail to attend the course without 7 days written confirmation to ETEC your fees will be non-refundable.
- If for some reason you cannot attend you may place another person in your place but only from your company. You must notify ETEC of this person prior to the commencement of the course.
- If ETEC cancels a course for any reason you will be entitled to either, a full refund or allocated to another future course.

**H Confirmation of course acceptance**

- You will be sent an email from ETEC of your acceptance on the course. Do not accept any other confirmation other than ETEC. You will be informed of the course date and start time. Please note that parking at ETEC is at a minimum so allow for travel time and parking so you are at ETEC prior to the start time. If you arrive late you may be allocated to another course.

**I Student Declaration and Consent**

- The information I have provided on this enrolment form is true and complete. I understand that ETEC Limited may cancel my enrolment if the information that I have provided is false, incomplete or misleading. I agree to abide by the rules, disciplinary procedures and policies of ETEC Limited as documented in the student enrolment information pack.
- I consent to the disclosure and use of my personal information as documented in the student enrolment pack.
- As a condition of completing any course at ETEC Limited, I agree that I will pay all relevant fees and charges as documented in the student enrolment information pack and that I will pay all relevant external examination or assessment fees. I accept that I am liable for all external costs incurred in the collection of any outstanding fees.
- I affirm that I have read and understood the contents of this enrolment form and that I accept the conditions stated.
- I have completed the Fee Protect Student Acknowledgement Form (where applicable). **Yes  No**

Student Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_