REAP ENROLMENT FORM

Course Name: _____

Contact Information

Last name: _____

First name: _____

Address: _____

Cell Phone: _____

Email: _____

Personal Information

The following statistical information is a requirement of the Ministry of Education and the Tertiary Education Commission

Date of Birth: _____ *Office Use: NSN#* _____

Age Group: ☐16-19 ☐ 20-24 ☐ 25-29 ☐ 30-34 ☐ 35-39 ☐ 40-44 ☐ 45-49 ☐50-59 ☐ 60+

Gender: ☐ Male ☐ Female

Ethnicity: ☐ Maori ☐ NZ European ☐ Pacific Islander ☐ Other _____

Residential Status: ☐ NZ Citizen ☐ Permanent Resident ☐ Other

First Language: ☐ English ☐ Maori ☐ Other _____

Education:

- ☐ **Left school without any qualifications**
- ☐ **School Certificate or NCEA Level 1**
- ☐ **UE or NCEA Level 2, 3 or Higher**

Are you on a Work and Income Benefit? ☐ Yes ☐ No

If YES, do you agree to REAP sharing your **attendance** with Work and Income?

☐ Yes ☐ No

SIGN HERE _____ **DATE** _____