

REAP Enrolment Form



Programme: _____

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____

Personal Information

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

Date of Birth: _____ **Gender:** Male Female
Ethnicity: Maori NZ European Pacific Islander Other _____

Education:

- Left school with some credits but no complete qualification
- School Certificate or NCEA Level 1
- University Entrance or NCEA Level 2 or above

Eligibility:

Residential Status: Permanent Resident NZ Citizen Other _____
 Proof of residency or citizenship required if not born in NZ
 Yes I give permission to access my NZQA Record of Learning if required
NSN# _____

Identification required:

Please **COPY ONE** of the following:

- Drivers Licence Birth Certificate Passport Firearms Licence

Declaration: Privacy- Central Plateau REAP collects and stores information from this form to comply with the requirements of the Ministry of Education and the Tertiary Education Commission. In signing this enrolment form you authorise such disclosure on the understanding that the organisation will observe the general conditions governing the release of information, as set out in the Privacy Act 1993.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, and I consent to the disclosure of personal information as described above.

Signature _____ **Date** ____/____/____