

Enrolment Form

Name		Female	Male
Address			
Home Phone	Work Phone	Cell Phone	
Email			

The following information is required for funding purposes.

1. **Citizenship and Residency Status** (Please tick)

New Zealand Citizen Australian Citizen New Zealand Permanent Resident Other (please specify) _____

2. **Ethnicity** (Please tick)

European/Pakeha or NZ European Pacific Is Asian NZ Maori (state Iwi) _____ Other (please specify) _____

3. **Date of Birth** _____

4. **Highest Level of Education** (Please tick)

No Formal Qualification School Certificate/Year 11 NCEA University Qualification Other (please specify) _____

Marketing - How did you find out about the course? (Please circle as many as applicable)

Brochure Newspaper Website/Facebook Word of Mouth Previous Course Other

Term	Course	Course Fee
Total		\$

Payment by cash, cheque, or internet banking Westpac 03 0791 0497147 00

Assistance

Do you have any physical impairment or medical condition that may impact on your learning in this class and you wish the tutor to be advised?

No / Yes If yes, please describe _____

Consent

- I consent to the personal information provided being used for statistical and funding purposes.
- I acknowledge that the collection, use and disclosure of personal information is subject to Privacy Principles 1-12 as defined in the Privacy Act 1993.
- I acknowledge that no refunds will be given for cancellations received on the day the course starts or after commencement.
- I consent to the taking of photographs and/or videos for genuine resource and publicity purposes.
- I acknowledge that Community Education reserves the right to cancel any course if there are not enough enrolments received before the course starts.

Signature _____ Date _____