

Welcome to Kalandra Education Group. Please read the instructions below carefully before you complete this Enrolment form. Once you have completed it, either fax or email all pages to us directly.

Please keep a copy for your own records

Instructions

The purpose of this form is to obtain all of the required information that we require to enrol you on a programme with Kalandra Education Group. We also need to collect information from you which is required by the Ministry of Education and other Government organisations for statistical and registration reasons.

Please fill the form in correctly by:

- Filling in all sections
- Printing your answers clearly
- Signing and dating the form
- Attaching any additional information required

A. QUALIFICATION					
1.	Please write the name of the qualification in which you wish to enrol:				
	Qualification Start Date:		Qualification End Date:		
2.	Have you studied at Kalandra Education Group before?	Yes / No	Email Address:		
B. PERSONAL DETAILS					
3.	Family Name:				
	First/Given Name(s):				
4.	Preferred title:				
5.	Date of birth:		6.	Gender:	
7.	If you know your NSN (National Student Number), please write it here:				
8.	Citizenship:		9.	Passport Number:	
10.	Ethnicity (e.g. European, Asian, Polynesian):				
11.	Prior Activity	What was your MAIN activity or occupation at 1 October last year? Write "Overseas" if you were not in New Zealand:			
12.	Disability	Do you live with the effects of significant injury, mental or physical illness, long term illness or disability? If Yes, please provide details: Yes / No			
13.	Conviction Checks	Is there any other information that we need to be aware of that may impact on your study in relation criminal proceedings / convictions either in your own country and / in New Zealand If yes please provide details on a separate document: Yes / No			
APPLICATION CHECKLIST - For student/agent to complete (verified documents are required)					
All sections completed:		Copy of Conviction Check attached:		Consultant Stamp	
Passport photo attached:		Copy of passport (and visa if applicable) attached:			
Copies of Certified transcripts and certificates awarded attached:		Evidence of work experience attached (if applicable):			
Evidence of IELTS/TOEFL Score attached:		Form signed by student and consultant/agent:			
OFFICE USE ONLY					
Sales Administrator's Name:			Entry Criteria Satisfied	Entry Criteria Not Satisfied	
Signature: Date:			Comments:		
Student ID Number			International Enrolment Number		

C. CONTACT DETAILS			
14.	Next of Kin / Parents contact details in home country	Name:	Home Address:
		Phone:	
		Mobile:	
		Fax:	
	New Zealand Emergency Contact	Name:	Home Address:
		Phone:	
	Student address and contact details in Home Country	Home Address:	Phone:
			Mobile:
		Post Code:	Fax:
		Accommodation Type:	Email:
	Student address and contact details while studying (if different from above):	Address while Studying:	Phone:
			Mobile:
Post Code:		Fax:	
Accommodation Type:		Email:	
D. ACADEMIC INFORMATION (Verified documents required for 15—17)			
15.	Secondary School/ High School	What was the name of the last secondary school you attended? State "Overseas", if not in New Zealand.	
		What was your last year at secondary school?	
		What is the highest level of achievement you hold from a secondary school?	
16.	Tertiary Study (all tertiary study to have certified copies of transcripts and certificates awarded provided)	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? Yes / No	
		If you answered "No", Please enter the name of the institution you studied at and the year of our first enrolment:	
		Name:	Year:
17.	English Level (verified test to be provided)	What is your current level of English? Beginner Elementary Intermediate Advanced	
		What is your IELTS/TOEFL Score?	
18.	Career Intentions	What are your career intentions?	
E. HEALTH, WELFARE AND ACCOMMODATION			
19.	Insurance	Travel Insurance is compulsory for all international students studying in New Zealand. This can be arranged by Kalandra Education Group at your request through our travel insurance provider Southern Cross, or alternative providers. Should you wish to organise it yourself proof of this must be produced prior to arrival into the New Zealand.	

Immigration	Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying and reporting requirements are available through Immigration New Zealand, and can be viewed on their website at http://www.immigration.govt.nz Students must notify Kalandra Education Group, in writing, of any change of address otherwise they are in breach of their Student Visa and the Code
Medical and Travel Insurance	International students must have appropriate and current medical and travel insurance for the duration of their planned period of study. Kalandra Education Group is able to provide medical and travel insurance through Southern Cross Travel Insurance or alternative provider. Travel Insurance is compulsory for all international students studying at Kalandra Education Group
Accident Insurance	The Accident Compensation Corporation provides accident insurance for all New Zealand citizens, residents and temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website at http://www.acc.co.nz/
On Arrival	For international students, a copy of your Student Visa and Permit must be supplied to your Student Support Advisor upon your arrival in New Zealand. Student Support Advisors are available to assist with all matters relating to your welfare and study while in New Zealand. Kalandra Education Group has a Student Support Advisor available during course hours.
Further Information	Further information on courses, fees, entry criteria, facilities, staffing, conditions, frequently asked questions and more can be found in our website at http://www.kalandra.ac.nz

G. FURTHER INFORMATION FOR YOUR APPLICATION

Insurance	Would you like Kalandra Education Group to provide you with a quote from Southern Cross?	Yes	No
	Would you like Kalandra Education Group to provide you with a quote from an alternative provider?	Yes	No
	What length of insurance do you wish for us to quote from the following?		
	4 Months	6 Months	12 Months
			14 Months

H. DECLARATION AND STUDENT ACKNOWLEDGEMENT

Privacy – Kalandra Education Group collect and store information from this form to comply with the requirements of the Ministry of Education, New Zealand Qualifications Authority, Tertiary Education Commission, Training Organisations, Ministry of Social Development, Department of Immigration and Agencies who support particular students through scholarships and prizes, payment of fees or other awards. The information is also used to select students for qualifications, to manage internal administrative processes, for internal reporting and to provide ancillary services. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. In addition, when required by statute, Kalandra Education Group release information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that Kalandra Education Group will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact your Student Support Advisor.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the Institution to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <https://www.privacy.org.nz/the-privacy-act-and-codes/the-privacy-act/>

Fees - In signing this enrolment form you undertake to pay (a) all fees as they become due; (b) if you are paying fees in installments or year by year, you commit to paying the full fees for your entire course of study even if you withdraw or are withdrawn from your course; and (c) any late fees and collection charges associated with debt recovery.
Kalandra Education Group policy on withdrawal and refund of fees is listed in the Student Handbook and Important Information' section of this Enrolment Form.

Rules - In signing this enrolment form you undertake to comply with the published rules and policies of Kalandra Education Group with regard to attendance, academic progress standard of dress, health and safety, behavior, and to provide Kalandra Education Group with an up-to-date copy of your student permit and any renewal, changes to your contact details, next of kin, accommodation type and residential address.

Student Acknowledgement - Kalandra Education Group wishes to ensure that you understand what will happen to the unused portion of your fees in the unlikely event of a course closure event. The unused portion of any fees you pay to Kalandra Education Group is protected by a Trust Fund administered by Public Trust, an independent trustee. By signing this enrolment form, you understand that if your course closes, it will be the trustee's duty to make sure the correct amounts of any refunds owing are distributed in accordance with Ministry of Education and the New Zealand Qualifications Authority Guidelines. You acknowledge and agree that

- (a) If a Course Closure Event occurs and you transfer to an Alternative Provider with the approval of the Qualifications Authority, any amount agreed by you, up to the Entitled Student Amount attributable to you will be transferred from the Trust Fund to that Alternative Provider;
- (b) If a Course Closure Event occurs and you owe money to a Loan Provider in respect of that Course, the Trustee is authorised to repay the Entitled Student Amount attributable to you, less any amount transferred to an Alternative Provider, directly to that Loan Provider to the extent required to settle the amount due to the Loan Provider;
- (c) If another party is entitled to receive any refund of the Entitled Student Amount attributable to me, you will provide the Trustee with the contact details of that party to which the refund should be sent.
- (d) Subject to (b) above, if a Course Closure Event occurs and the Trustee refunds any amount directly to you, the Trustee will refund the Entitled Student Amount attributable to you by way of direct credit to your bank account or cheque posted to your last known postal address notified to that Trustee;
- (e) Any interest earned on the Trust Fund prior a Course Closure Event will vest in and be payable to Kalandra Education Group for its own benefit, and you will have no claim to such interest;
- (f) Personal information about you and information about your Student Fees may be supplied by Kalandra Education Group to the Qualifications Authority, Auditor or the Trustee and by the Trustee or Auditor to the Qualifications Authority;
- (g) The course fee does not cover any Accommodation Expenses, Travel and Health Insurance and Living Expenses.
- (h) I am/am not 18 years of age or older

Student Declaration - I confirm that I am enrolling as a student at Kalandra Education Group. I declare that to the best of my knowledge all the information supplied on, and with, this form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

I also agree to the use and disclosure of my information to my parent or student-appointed representative for any purpose related to my education or well-being both before and after admission.

I authorise Immigration New Zealand and the Department of Labour to provide Kalandra Education Group with any personal details regarding my immigration status, including any information that I have submitted to Immigration New Zealand in the course of any visa or permit application.

I understand that I may be required to attend organised Kalandra Education Group excursions and activities as part of my course. I authorise Kalandra Education Group to obtain medical treatment for me should such action be deemed necessary by Kalandra Education Group or a staff member acting on behalf of Kalandra Education Group. I agree to indemnify Kalandra Education Group for any expense, loss, damage or liability of whatsoever nature as a result of authorising and arranging such emergency medical treatment.

I agree that I am responsible for my own books, equipment and personal items and I hereby release Kalandra Education Group from all liability and claims for loss or damage to such terms.

I have read and understood the important information on the previous pages of this Enrolment Form.

Student

Print Full Name: _____

Signature: _____ Date: _____

Parent/Legal Guardian

Print Full Name: _____

Signature: _____ Date: _____

Consultant Declaration - I declare that I have personally conducted the interview process with the above student and I have sighted and confirmed the accuracy of all attached documentation.

Consultant Signature: _____ Date: _____

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