# 2027 INTERNATIONAL STUDENT VISA ENROLMENT FORM

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

***Please keep a copy for your own records***

***Instructions***

*The purpose of this form is to obtain all 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*

***I confirm that I am not enrolled or studying elsewhere in NZ on an NZQA accredited programme of study. Please enter your response below, and details, if applicable:***

| **A. QUALIFICATION YOU ARE APPLYING FOR** | | | | | |
|---|---|---|---|---|---|
| **1.** | Programme: | | Strand: | | |
| | Programme Start Date: | | Programme End Date: | | |
| **2.** | Have you studied at Kalandra Education Group before? | | When: | | |
| **3.** | How did you find out about Kalandra (e.g. from a Kalandra student, from my employer) | | | | |

| **B. PERSONAL DETAILS** | | | | | |
|---|---|---|---|---|---|
| **4.** | Family Name: | | | | |
| | First/Given Name(s): | | | | |
| **5.** | Preferred title: | | | | |
| **6.** | Date of birth: | | **7.** | Gender: | |
| **8.** | If you know your NSN (National Student Number), please write it here: | | | | |
| **9.** | Citizenship: | | **10.** | Email Address: | |
| **11.** | Ethnicity (e.g. European, Asian, Polynesian): | | **12.** | Passport Number: | |
| **13.** | Iwi: | | | | |
| **14.** | Prior Activity | What was your MAIN activity or occupation on 1 October last year? Write "Overseas" if you were not in New Zealand: | | | |
| **15.** | Disability | Do you live with the effects of significant injury, mental, behavioural, medical condition, physical illness, long term illness or disability which may affect your ability to study? *If* Yes, please provide details: | | | |
| **16.** | 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?<br>If yes, please provide details on a separate document: | | | |

| **APPLICATION CHECKLIST - For student/agent to complete (verified documents are required)** | | | |
|---|---|---|---|
| All sections completed: | ☐ | Copy of Conviction Check attached (if applicable): | ☐ |
| Copy of Driver's Licence or 18 plus card | ☐ | Copy of passport (and visa if applicable) attached: | ☐ |
| Copies of Certified transcripts and certificates awarded attached: | ☐ | Evidence of employment contract attached (and work history 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: | RPL's awarded: |

*PO Box 110 015, Auckland Hospital, Auckland, New Zealand 1023*

*Email: training@kalandra.ac.nz* *Web:www.kalandra.ac.nz* *Phone: 0800 KALANDRA*

## C. CONTACT DETAILS

| | | | |
|---|---|---|---|
| 17. | Student details in Home Country: | Phone:<br>Mobile:<br>Fax: | Home Address (including post code):<br>Accommodation type: |
| | Student details while studying (if different from above) | Phone:<br>Mobile:<br>Fax: | Address while studying (including post code):<br>Accommodation type: |
| | Next of Kin/Parents contact details in Home Country | Name:<br>Phone:<br>Mobile:<br>Fax:<br>E-mail Address: | Home Address (including post code): |
| | New Zealand Emergency Contact | Name:<br>Phone:<br>Mobile:<br>E-mail Address: | Home Address (including post code): |

## D. ACADEMIC INFORMATION

| | | | |
|---|---|---|---|
| 18. | 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 secondary? (e.g. NCEA Level 3, University Entrance) | |
| 19. | Tertiary Education | 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? | |
| | | If you answered "No", please enter the name of the institution you studied at and the year of your first enrolment | |
| | | Name: | Year: |
| 20. | English Level **(verified test to be provided)** | What is your current level of English?<br>BEGINNER ☐ ELEMENTARY ☐ INTERMEDIATE ☐ ADVANCED ☐ | |
| | | What is your IELTS/TOEFL Score? | |
| 21. | What are your career intentions? | | |

## D. WORK HISTORY (note: if you do not have any work history, do not worry as this will not affect your eligibility)

| | | |
|---|---|---|
| 22 | Have you ever worked as a Health Care Assistant? | |
| 23. | If you have worked as a Health Care Assistant, how long did you work as one? | |
| 24. | Do you have any other qualifications in Healthcare? | |
| 25. | If you do, what are they? (either in New Zealand or Overseas) | |
| 26. | Do you intend to continue with your studies or move into the workforce after completing the course? | |

## E. ADDITIONAL INFORMATION

| | |
|---|---|
| 27. | Why do you want to do the programme? (approximately 150 words) |
| | |

## F. HEALTH, WELFARE AND ACCOMODATION

| | | |
|---|---|---|
| 28. | 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 Uni-Care or alternative providers.<br>**- If you would like Kalandra to arrange insurance with Uni-Care on your behalf tick here** ☐<br>**- If you would like Kalandra to arrange insurance with Southern Cross on your behalf tick** ☐<br>Should you wish to organise it yourself proof of this must be produced prior to arrival into the New Zealand. ☐ |

## G. IMPORTANT INFORMATION

**Code of Practice**

Kalandra Education Group has agreed to observe and be bound by the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021. Copies of the Code are available on request from this Institution or from the New Zealand Qualifications Authority http://www.nzqa.govt.nz

| I have read and understood the Code of Practice | **Signed:** | | **Date:** | |
|---|---|---|---|---|

**Programme Fees**

All international students are required to pay the course fee prior to beginning their programme of study.

**Level 4 Total fees = 17,114** - Tuition (**$14,000**) + Course Costs (**$2,250)** + Travel and Medical insurance (**$864 - 12 months approximately**) should you want us to arrange it

**Level 5 Total fees = 19,200** - Tuition (**$16,000**) + Course Costs (**$2,250)** Travel and Medical insurance (**$950- 13 months approximately**) should you want us to arrange it

**Southern Cross Insurance - quoted 17/07/2024*

Payments must be made into our Public Trust Account – details will be provided upon final acceptance into the programme.

Payments must be made in New Zealand Dollars. **If the amount is less than that required, we will not issue a receipt until the correct amount is deposited into the Public Trust Account.**

| I have read and understood the Programme Fees | **Signed:** | | **Date:** | |
|---|---|---|---|---|

**Refund Policy**

Kalandra Education Group has the following refund and reimbursement procedures for the various circumstances that may arise:

Programme of study cancellation

If for any reason we cancel a programme of study (including low enrolments) prior to the commencement date, students will be offered a full reimbursement of the fees paid for the programme of study. In the unlikely event that a course is cancelled after the commencement date students will be offered a pro rata reimbursement of fees within five (5) working days based on the programme of study in which they were enrolled and had paid fees for the time of the closure or cessation.

Closure

In the unlikely event that Kalandra Education Group goes into liquidation, receivership or has its accreditation withdrawn (in which case the Ministry of Education and New Zealand Qualification Authority will be informed immediately) students will be offered the following options by the appointed trustees.

A pro rata reimbursement of fees based on the programme of study in which they were enrolled and had paid fees for at the time of the event,
**Or** A full reimbursement of fees for the programme of study that fees had been paid for but not yet commenced at the time of the event.

The Trust fund and Fees Refund policies and procedures state here comply with the legal requirements set out in section 253 of the Education Act 1989.

International Students Only

***Withdrawal of enrolment before start date:***
If a student withdraws from a programme of study before the start date of the programme of study, the student will receive total fees paid, less any applicable fees and costs incurred. Such fees and costs must be explained.

***For a programme of study less than 5 weeks:***
If a student withdraws from a programme of study of less than 5 weeks before the end of the 2nd working day of the programme the student will receive at least 50% of the total fees paid. If a student withdraws from a programme of study of less than 5 weeks after the 2nd working day following the first day the student is expected to attend the programme, no refund will be made.

***For programme of study longer than 5 weeks but less than 3 months:***
If a student withdraws before the end of the 5th working day following the first day the student is expected to attend the programme, the student will receive at least 75% of the total fees paid. If a student withdraws after the 5th working day following the first day the student is expected

No refund of fees will be made after the 10th working day following the first day the student is expected to attend the programme, unless management accepts that there are exceptional circumstances sufficient to warrant a pro rata refund. Refund applications due to exceptional circumstances must be in writing and will be approved on a case by case basis. The student may be required to provide evidence to support their application.

| I have read and understand the Refund policy | **Signed:** | | **Date:** | |
|---|---|---|---|---|

**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

**Travel and Medical Insurance**

International students must have appropriate and current travel and medicine insurance for the duration of their planed period of study. Kalandra Education Group can 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.

| | |
|---|---|
| **Insurance** | Plenease ensure you complete the insurance section on page 2 |
| **Accident Insurance** | The Accident Compensation Corporation (ACC) 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.<br><br>Further information can be viewed on the ACC website at http://www.acc.co.nz |
| **Prior to Starting Programme** | For international students, a copy of your Student Visa and Permit must be supplied to the registrar prior to your arrival in New Zealand. Pastoral Carers are available to assist with all matters relating to your welfare and study while in New Zealand. Kalandra Education Group has a Pastoral Carer 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 |

## H. DECLARATIONS AND STUDENT ACKNOWLEDGEMENTS

**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).

For Communications and Marketing – Kalandra Education Group will use your information to communicate with you and carry out marketing activities. You can unsubscribe from marketing communications through a link provided in marketing emails. Kalandra Education Group will not release your information to other organisations for marketing purposes.

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 2020. 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-2020/privacy-principles/

**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, behaviour, and to provide Kalandra Education Group with an up-to-date changes to your contact details, next of kin, 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 by you, up to the Entitled Student Amount attributable to you will be transferred from the Trust Fund to the 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 Entitles Student Amount attributable to you, less any amount transferred to an Alternative Provider, directly to the 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 will 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 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 person al 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 authorize 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 li ability 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.**

Print Full Name:

Signature:_____Date:

**Parent/Legal Guardian**

Print Full Name:

Signature:_____Date:

## Agent Details:

Agent name:

Organisation name:

Contact phone number:

Contact email address:

Organisational stamp: