

Thank you for wishing to enrol with Kalandra Education

Please complete this enrolment form in full and email it to: training@kalandra.ac.nz along with a copy of official ID and any health related transcripts

Please keep a copy for your own records

A. Programme				
1.	Programme of Study:	New Zealand Certificate in Health and Wellbeing Level 4 - Hybrid - Part A (Theory)		
	Intended Start Date:		Strand	
	Payment Method:		Referring Education Agent:	
B. PERSONAL DETAILS (as per official ID)				
2.	Family Name:			
	First/Given Name(s):			
3.	Preferred title:			
4.	Date of birth (dd/mm/yyyy):		5.	Gender:
6.	Citizenship:			
7.	Ethnicity (e.g. European, Asian, Polynesian):			
8.	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:		
9.	Previous Healthcare Experience (include years)			
C. CONTACT DETAILS				
10.	Your details:	Phone (include country code):	Home Address (including post code and country):	
		Mobile (include country code):		
		E-mail Address:		
G. DECLARATION AND STUDENT ACKNOWLEDGEMENT				
I confirm that I am enrolling as a student at Kalandra Education 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, and I consent to the disclosure of personal information. I confirm that I understand that if I withdraw from the programme before the end of the 10th working day, following the programme commencement date, I will receive the total fees paid less any applicable fees and costs incurred, and the refund will be at least 75% of the course fees and should I withdraw from the programme after the 10th working day I am not entitled to any refund; however in exceptional circumstances a partial refund might be granted. I confirm that I understand that I am not guaranteed employment in New Zealand upon completion of this programme. I confirm that i must pass Part A (theory) to gain access to Part B (practical). I confirm that i understand that I am not guaranteed a visitor visa or entry into New Zealand upon completion of this programme. I confirm that I understand that students will not be entitled to any refund of Kalandra Education course fees paid if they are unable to secure a visitor visa.				
Student Print Full Name: _____ Signature: _____ Date: _____				
Kalandra Education Representative Accepted/Declined _____ ID Provided: _____ Fees Paid: _____				