

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:		
	Intended Start Date:		Referring Education Agent: <input type="text"/>
	Payment Method:		Referring Institution: <input type="text"/>
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: <input type="text"/>
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? <i>If Yes, please provide details:</i>	
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		
<p>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.</p> <p>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.</p> <p>I confirm that I understand that I am not guaranteed employment in New Zealand upon completion of this programme.</p>		
Student		
Print Full Name: _____		
Signature: _____ Date: _____		
Kalandra Education Representative		
Accepted/Declined	ID Provided:	Fees Paid: