2027 Level 4 DOMESTIC 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:

Scholarship Code:

A. QUALIFICATION YOU ARE APPLYING FOR					
1.	NZC in Health and Wellbeing (Community and Social Services) Level 4		**CHOOSE STRAND (Elective) >>>** Click to choose option		
	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)	Choose one			
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.	Iwi:				
13.	Prior Activity	What was your MAIN activity or occupation on 1 October last year? Write "Overseas" if you were not in New Zealand:			
14.	Disability	Do you have a disability or medical condition? Note: this information will not affect your right to study. It helps us to assist you with your studies if you require additional support. Choose from Dropc			
15.	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: Choose from List			

APPLICATION CHECKLIST - For student/agent to complete (verified documents are required)			
All Sections Completed:	☐	Copy of NZ Police Vetting Report included (if applicable):	☐
Copy of Driver's Licence or 18 plus card included:	☐	Copy of Passport (and current visa if applicable) included:	☐
Copies of Certified transcripts and certificates awarded included	☐	Copy of Employment Contract included (and work history if applicable)	☐

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 Phone: 0800KALANDRA Web: www.kalandra.ac.nz

C. CONTACT DETAILS			
16.	Your details:	Phone:	Home Address (including post code):
		Mobile:	
		Fax:	
	New Zealand Emergency Contact:	Name:	Home Address (including post code):
		Phone/Mobile:	

D. ACADEMIC INFORMATION			
17.	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)	
18.	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? (Y/N). Choose from List	
		If you answered "No", please enter the name of the institution you studied at and the year of your first enrolment	
		Name:	Year:
19.	What are your career intentions?		

D. WORK HISTORY		
20.	How long have you been working as a Healthcare Assistant?	
21.	What qualifications do you have in Healthcare (either in New Zealand or Overseas)?	
22.	Where are you currently working and what is your role?	
23.	How many hours do you work per week?	
24.	How many people in your care suffer from the condition which corresponds with the strand you have chosen?	
25.	What conditions do those clients suffer from?	
26.	What relevance does your work have to this programme?	

E. ONLINE READINESS			
27.	Do you have access to the internet and a computer/laptop? (Yes/No/Limited)		
28.	How comfortable are you with using a computer? Can you:	Send E-mails?	
		Send files via E-mail?	
		Use Microsoft Word, Powerpoint etc. to be able to complete assessments?	
		Use Facebook?	
		Use Skype/Zoom?	
		Play Youtube clips?	

F. ADDITIONAL INFORMATION	
29.	Why do you want to do the programme? (approximately 150 words)

G. IMPORTANT INFORMATION

Fees	**The total fees for this programme = $4,444 (installment option – 50% upfront, 4 additional installments available) Fees free may be available through IRD and Student loans and allowances may be available through Studylink. Scholarships and payment plans are available**
Withdrawal Policy	Should the student need to withdraw from their programme, please in the first instance, speak with your lecturer or the Academic Manager to see if there is anything we can do to assist the student before withdrawing. Should a withdrawal be the students only option at the time, please complete the withdrawal form as quickly as possible and allow up to 7 days to be withdrawn from all aspects of study. Please place as much information on the form regarding the student's reason as this allows us to undertake reviews of the programmes etc. All information provided is confidential.

I have read and understand the withdrawal policy	Signed:		Date:	

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 1 December 2020 has a 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/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 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 next of kin or representative for any purpose related to my education or well-being both before and after admission.
I understand that I may be required to attend organised Kalandra Education Group excursions and activities as part of my course.

I understand that Kalandra Education Group policy on withdrawal is listed in the Student Handbook and Important Information' section of this Enrollment Form.
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 (should I be required to complete face to face classes).

I have read and understood the important information on the previous pages of this Enrollment Form.
Print Full Name:

Signature:_____ Date:

Parent/Legal Guardian
Print Full Name:

Signature:_____ Date: