

# **2021 Level 3 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

This is an entry level course, so you do not require any previous experience working as a Health Care Assistant to be eligible

A. QUAL	IFICATION YOU ARE APPLY	ING FOR							
1.	NZC in Health and Wellbeir	g Level 3		Health A	ssistance S	trand			
	Programme Start Date:			Programn	ne End Date	e:			
2.	Have you studied at Kalandra Education Group before?					When:			
3.	How did you find out about	Kalandra (e.g. from a Kalar	ndra student, fro	om my empl	oyer)				
B. PERSO	ONAL DETAILS								
4.	Family Name:								
4.	First/Given Name(s):								
5.	Preferred title:								
6.	Date of birth:				7.	Gender:			
8.	If you know your NSN (Nation	onal Student Number), plea	ase write it here	<b>)</b> :					
9.	Citizenship:				10.	Email Addr	ess:		
11.	Ethnicity (e.g. European, As	ian, Polynesian):			12.	Passport N	umber:		
13.	lwi:								
14.	Prior Activity	What was your MAIN act	ivity or occupat	tion on 1 Oct	tober last ye	ear? Write "Ov	verseas"	if you were not in New Zealand:	
15.	Disability	Do you live with the effect may affect your ability to				ral, medical c	ondition,	physical illness, long term illness or disability w	hich
16.	Conviction Checks	Is there any other information convictions either in your If yes, please provide details	own country ar	nd / in New 2	Zealand?	nay impact on	your stud	dy in relation criminal proceedings /	
APPLICA	TION CHECKLIST - For stud	ent/agent to complete (ve	erified docume	ents are req	uired)				
All section	s completed:			Copy of Co	nviction Che	eck attached	(if applica	able):	
Copy of D	river's Licence or 18 plus card	ı		Copy of pas	ssport (and	visa if applica	ble) attac	ched:	
Copies of	Certified transcripts and certification	ates awarded attached:		Evidence of	f employme	nt contract att	tached (a	and work history if applicable)	
Evidence of	of IELTS/TOEFL Score attached	l:		Form signed	d by studen	t and consulta	ant/agent	t:	
OFFICE U	ISE ONLY				•				
Sales Adn	ninistrator's Name:				Entry Cri	teria Satisfied		Entry Criteria Not Satisfied	
Signature:					Commer			Entry Ontona Not Sationed	
Student ID	Number:				RPL's av	warded:			
Otagent IL	. ranbot.				IN LOCK	, al dod.			

PO Box 8546, Symonds Street, Auckland, New Zealand 1150 Phone: 0800 KALANDRA

C. 0	CONTACT DETAIL	s						
	0. 1 1		Phone:		Home Address (including post code):			
	Student details in Home Country:	Mobile:						
		Fax:		Accommodation type:				
	Student details w	hile	Phone:		Address while studying (including post code):			
17	studying (if different above)		Mobile:					
	above		Fax:		Accommodation type:			
			Name:		Home Address (including post code):			
	Next of Kin/Pare		Phone: Mobile:					
	details in Home (	Country	Fax:					
			E-mail Address:					
			Name:		Home Address (including post code):			
	New Zealand Emergency Contact	nergency	Phone: Mobile:		<del></del>			
	Contact		E-mail Address:					
DΔ	CADEMIC INFORM	MATION			,			
5.7								
			What was the name of the last secondar	ry school you a	ttended? State "Overseas" if not in New Zealand			
18.	Secondary School School	ol/ High	What was your last year at secondary school?					
			What is the highest level of achievement	t you hold from	secondary? (e.g. NCEA Level 3, University Entrance	œ)		
			Will this he the first year you have ever	enrolled in a Llr	hiversity Polytechnic College of Education Private	Training Establishment or		
			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?					
19.	Tertiary Educatio	n	If you answered "No", please enter the name of the institution you studied at and the year of your first enrolment					
				iame or the ins				
			Name:		Year:			
	English Lovel (ve		What is your current level of English?					
20.	English Level (verified test to be provided)	illieu test	BEGINNER ELEMENTARY INTERMEDIATE ADVANCED					
			What is your IELTS/TOEFL Score?					
21.	What are your career intentions?							
D. W	ORK HISTORY (n	ote: if you d	o not have any work history, do not wo	rry as this will	not affect your eligibility)			
22.	Have you ever we	orked as a H	ealth Care Assistant?					
23.	If you have worked	ed as a Healt	th Care Assistant, how long did you work					
24.	Do you have any	other qualific	cations in Healthcare?					
25.	If you do, what ar	e they? (eith	er in New Zealand or Overseas)					
26.	Do you intend to after completing t		with your studies or move into the workforce					
E. A	DDITIONAL INFOR							
	Why do you want to	o do the prog	gramme? (approximately 150 words)					
27.								
FH	EALTH, WELFARE	E AND ACC	OMODATION					
1.11	LALIN, WELFARD	- AND AGG	J.II. JANUA					
					ying in New Zealand. This can be arranged by K	(alandra Education Group at your		
	req Insurance	request thr	uest through our travel insurance provider Southern Cross, or alternative providers.					
28.		Should you						

PO Box 8546, Symonds Street, Auckland, New Zealand 1150 Phone: 0800 KALANDRA

G. IMPORTA	NT INFORMATION								
Code of Practice	Kalandra Education Group has agreed to observe and be boun Copies of the Code are available on request from this Institution	•	•		•				
Fractice	I have read and understood the Code of Practice	Signed:		Date:					
Programme	All international students are required to pay the course fee prior to beginning their programme of study.								
	Your total fees will be \$4831.79 which is made up of:								
	Tuition: \$4,000 Resources + Work Placement: \$350 Travel and Medical insurance: Quoted at \$481.79 (should you want us to arrange it)								
Fees	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:					
	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.								
	<u>Closure</u>								
	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.								
Refund Policy	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 2 <sup>nd</sup> 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 2 <sup>nd</sup> 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 5 <sup>th</sup> 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 5 <sup>th</sup> working day following the first day the student is expected								
		ng the first day the student is expected to attend the programme, unless management accepts or rata refund. Refund applications due to exceptional circumstances must be in writing and equired 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 er Immigration New Zealand, and can be viewed on their website at	t http://www.ir	mmigration.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 me Education Group can provide medical and travel insurance throu Travel Insurance is compulsory for all international students s	igh Southern	Cross Travel Insurance or alternati	•					
		Travel Insurance is compulsory for all international students studying at Kalandra Education Group.							

PO Box 8546, Symonds Street, Auckland, New Zealand 1150 Phone: 0800 KALANDRA

Insurance	Would you like Kalandra Education Group to organise your insurance with Southern Cross? (12 months = \$633)  Would you like Kalandra Education Group to provide you with a quote from an alternative provider? (12 months)
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.  Further information can be viewed on the ACC website at <a href="http://www.acc.co.nz">http://www.acc.co.nz</a>
Prior to Starting Programme	For international students, a copy of your Student Visa and Permit must be supplied to your Pastoral Carer upon 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 <a href="http://www.kalandra.ac.nz">http://www.kalandra.ac.nz</a>

### 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).

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. 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/

#### 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

PO Box 8546, Symonds Street, Auckland, New Zealand 1150 Phone: 0800 KALANDRA

#### 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 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.  Print Full Name:			
Signature:	Date:		
Parent/Legal Guardian Print Full Name:			
Signature:	Date:		

PO Box 8546, Symonds Street, Auckland, New Zealand 1150 Phone: 0800 KALANDRA