

2024 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

A. QUAL	IFICATION YOU ARE APPLY	YING FOR								
1.	Programme:				Strand:					
	Programme Start Date:				Programn	ne End Date	e:			
2.	Have you studied at Kaland	ra Education Group before	?				When:			
3.	How did you find out about	Kalandra (e.g. from a Kala	ndra student,	, fro	m my empl	oyer)				
B. PERSO	ONAL DETAILS									
4.	Family Name:									
ŧ.	First/Given Name(s):									
5.	Preferred title:									
6.	Date of birth:					7.	Gender:			
8.	If you know your NSN (Nati	onal Student Number), plea	ase write it he	ere:						
9.	Citizenship:					10.	Email Addr	ess:		
11.	Ethnicity (e.g. European, As	sian, Polynesian):				12.	Passport N	umber:		
13.	lwi:									
14.	Prior Activity	What was your MAIN ac	tivity or occup	pati	on on 1 Oc	tober last ye	ear? Write "O	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	n, physical illness, long term illness or disability w	hich
16.	Conviction Checks	Is there any other inform convictions either in you If yes, please provide details	own country	y an	d / in New 2	Zealand?	nay impact on	your st	udy in relation criminal proceedings /	
APPLICA	TION CHECKLIST - For stud	lent/agent to complete (v	erified docu	ıme	nts are req	uired)				
All section	ns completed:				Copy of Co	nviction Che	eck attached	(if applic	cable):	
Copy of D	river's Licence or 18 plus card	i		(Copy of pas	ssport (and	visa if applica	ble) atta	ached:	
Copies of	Certified transcripts and certific	ates awarded attached:		ı	Evidence of	f employme	nt contract att	tached (and work history if applicable)	
Evidence of	of IELTS/TOEFL Score attached	d:		ı	Form signe	d by studen	t and consulta	ant/ager	nt:	
OFFICE U	JSE ONLY									
Sales Adr	ninistrator's Name:					Entry Cri	teria Satisfied		Entry Criteria Not Satisfied	
Signature	Date:					Commer	nts:			
Student IE) Number:					RPL's av	warded:			

PO Box 110 015, Auckland Hospital, Auckland, New Zealand 1023 Phone: 0800 KALANDRA

Email: training@kalandra.ac.nz Web:www.kalandra.ac.nz Skype: Kalandra Education Group

C. C	CONTACT DETAILS	i							
	Student details in F	Home	Phone:		Home Address (including post code):				
	Country:	iis iii i ioille	Mobile:						
			Fax:		Accommodation type:				
	Student details whi	ile	Phone:		Address while studying (including post code):				
	studying (if differen	nt from	Mobile:						
4-	above)		Fax:		Accommodation type:				
17.			Name:		Home Address (including post code):				
	Next of Kin/Parent	te contact	Phone:		Tionie Address (including post code).				
	details in Home Co		Mobile:						
			Fax: E-mail Address:						
			Name:		Home Address (including post code):				
	New Zealand Eme	ergency	Phone:		Trome Address (moldaling post code).				
	Contact		Mobile:						
			E-mail Address:						
D. A	CADEMIC INFORMA	ATION							
			What was the name of the last secondar	ry school you at	ttended? State "Overseas" if not in New Zealand				
18.	Secondary School/ School	/ High	What was your last year at secondary so	chool?					
			What is the highest level of achievement	t 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?						
	romany Zadodnom		If you answered "No", please enter the r	name of the inst	itution you studied at and the year of your first enrolment				
			Name:		Year:				
			What is your current level of English?						
20.	English Level (veri	ified test	BEGINNER	ELEMENTA	RY INTERMEDIATE ADVANCED				
20.	to be provided)			LLLIVILIVIA	INTERMEDIATE ADVANCED				
	14.0		What is your IELTS/TOEFL Score?						
21.	What are your care intentions?	eer							
D. W	ORK HISTORY (not	te: if you d	o not have any work history, do not wo	rry as this will	not affect your eligibility)				
22.	Have you ever wor	rked as a H	ealth Care Assistant?						
23.	If you have worked as one?	d as a Healt	h Care Assistant, how long did you work						
24.	Do you have any o	ther qualific	cations in Healthcare?						
25.	If you do, what are	they? (eith	er in New Zealand or Overseas)						
26.	Do you intend to co after completing the		n your studies or move into the workforce						
E. A	DDITIONAL INFORM	MATION							
	Why do you want to	do the prog	ramme? (approximately 150 words)						
			•						
27.									
F. HI	EALTH, WELFARE	AND ACC	DMODATION						
	1	Travel Insu	rance is compulsory for all international st	udents studyinç	g in New Zealand.				
28.	Insurance	This can be	arranged by Kalandra Education Group a	at your request	through our travel insurance provider Southern Cross, or alternative providers.				
		Should you	wish to organise it yourself proof of this n	nust be produce	ed prior to arrival into the New Zealand				
		J.u.	gam.zo n jourson proof of tillo li	10 product					

PO Box 110 015, Auckland Hospital, Auckland, New Zealand 1023 Phone: 0800 KALANDRA

Email: training@kalandra.ac.nz Web:<u>www.kalandra.ac.nz</u> Skype: Kalandra Education Group

G. IMPORTA	NT INFORMATION				
Code of Practice	Kalandra Education Group has agreed to observe and be bound 2021. Copies of the Code are available on request from this Inst				
Tractice	I have read and understood the Code of Practice	Signed:		Date:	
	All international students are required to pay the course fee prior to	o beginning th	neir programme of study.		
	Level 4 Total fees = 14,633 - Tuition (\$14,000) + Travel and Me	dical insuran	ce (\$864 - 12 months approximatel	ly) should y	ou want us to arrange it
	<u>Level 5 Total fees = 16,184</u> - Tuition (\$15,500) + Travel and Me	dical insuran	ce (\$950- 13 months approximatel	y) should y	ou want us to arrange it
Programme Fees	*Southern Cross Insurance - quoted 10/05/2023				
	Payments must be made into our Public Trust Account - details w	vill be provide	ed upon final acceptance into the pro	gramme.	
-	Payments must be made in New Zealand Dollars. If the amount deposited into the Public Trust Account.	is less than f	that required, we will not issue a re	eceipt unti	I the correct amount is
	I have read and understood the Programme Fees	Signed:		Date:	
	Kalandra Education Group has the following refund and reimburs	sement proce	dures for the various circumstances	that may a	arise:
	Programme of study cancellation				
	If for any reason we cancel a programme of study (including low the fees paid for the programme of study. In the unlikely event th reimbursement of fees within five (5) working days based on the or cessation.	nat a course is	s cancelled after the commencemen	nt date stude	ents will be offered a pro rata
	Closure				
	In the unlikely event that Kalandra Education Group goes into liqued Education and New Zealand Qualification Authority will be inform		•	•	-
	A pro rata reimbursement of fees based on the programme of stu} $\underline{\text{Or}}$ A full reimbursement of fees for the programme of study that the programme of study the programme of				
	The Trust fund and Fees Refund policies and procedures state h	iere comply v	vith the legal requirements set out in	section 25	3 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 star fees and costs incurred. Such fees and costs must be explained.		programme of study, the student wil	Il receive to	ital fees paid, less any applicable
	For a programme of study less than 5 weeks: If a student withdraws from a programme of study of less than 5 least 50% of the total fees paid. If a student withdraws from a prostudent is expected to attend the programme, no refund will be more than 5 weeks:	ogramme of s			
	For programme of study longer than 5 weeks but less than 3 lf a student withdraws before the end of the 5 th working day follow least 75% of the total fees paid. If a student withdraws after the 5	wing the first			
	No refund of fees will be made after the 10 th working day followin that there are exceptional circumstances sufficient to warrant a p will be approved on a case by case basis. The student may be re-	oro rata refund	d. Refund applications due to except	tional circur	
	I have read and understand the Refund policy	Signed:		Date:	
Immigration	Full details of visa and permit requirements, advice on rights to en Immigration New Zealand, and can be viewed on their website at			porting req	uirements are available through
	Students must notify Kalandra Education Group, in writing, of any	/ change of a	ddress otherwise they are in breach	of their Stu	udent Visa and the Code
Travel and Medical	International students must have appropriate and current trave Education Group can provide medical and travel insurance throu			•	
Insurance	Travel Insurance is compulsory for all international students s	studying at K	alandra Education Group.		

PO Box 110 015, Auckland Hospital, Auckland, New Zealand 1023 Phone: 0800 KALANDRA

Email: training@kalandra.ac.nz Web:<u>www.kalandra.ac.nz</u> Skype: Kalandra Education Group

Insurance	Would you like Kalandra Education Group to organise your insurance with Southern Cross? Would you like Kalandra Education Group to provide you with a quote from an alternative provider? (Level 4 = 12 months) (Level 5 = 13 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 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

PO Box 110 015, Auckland Hospital, Auckland, New Zealand 1023 Phone: 0800 KALANDRA

Email: training@kalandra.ac.nz Web:www.kalandra.ac.nz Skype: Kalandra Education Group

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 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 Print Full Name:	Enrolment Form.
Signature:	Date:
Parent/Legal Guardian Print Full Name:	
Signature:	Date:

PO Box 110 015, Auckland Hospital, Auckland, New Zealand 1023 Phone: 0800 KALANDRA

Email: training@kalandra.ac.nz Web:www.kalandra.ac.nz Skype: Kalandra Education Group