

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 of the required information that we require to enrol you on modules by Kalandra Education Group.

A. TRAINING SCHEMES (please clearly identify the Training Scheme you are enrolling in)			
1.	Certificate in Palliative Support	Certificate in Management of Dementia Client in a Care Facility	
	Start Date:		End Date:
2.	Have you studied at Kalandra Education Group before?	Yes / No	When
B. PERSONAL DETAILS (Passport ID required)			
3.	Family Name:		
	First/Given Name(s):		
4.	Preferred title:		
5.	Date of birth:	6.	Gender:
7.	Email Address:	NSN Number:	
8.	Citizenship:		
10.	Ethnicity (e.g. European, Asian, Polynesian):		
11.	Prior Activity	What was your MAIN activity or occupation at 1 October last year? Write "Overseas" if you were not in New Zealand:	
12.	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: <b>Yes / No</b>	
13.	Previous Experience / Qualification	<b>Name of Employer:</b>	
C. CONTACT DETAILS			
14.	Your details	Phone:	Home Address:
		Mobile:	
		Email :	
New Zealand Emergency Contact	Name:	Home Address:	
	Phone:		
D. ACADEMIC INFORMATION			
15.	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 a secondary school?	
16.	Tertiary Study	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? <b>Yes / No</b>	
		If you answered "No", Please enter the name of the institution you studied at and the year of our first enrolment:	
		Name:	Year:

## DECLARATION AND STUDENT ACKNOWLEDGEMENT

### 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, behavior, and to provide Kalandra Education Group with an up-to-date changes to your contact details, next of kin, and residential address.

### Student Acknowledgement

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;

I am 18 years of age or older

### 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 student-appointed 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 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.**

### Student

Print Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### APPLICATION CHECKLIST - For student to complete (verified documents are required)

All sections completed:

Copy of Conviction Check attached (if applicable):

Copy of Drivers Licence or 18 plus card

Copy of passport (and visa if applicable) attached:

Copies of Certified transcripts and certificates awarded attached:

Work history (if applicable):

### OFFICE USE ONLY

Administrator's Name:

Signature:

Comments:

Student ID Number

Entry Criteria Satisfied

Date:

Entry Criteria Not Satisfied

RPL's awarded: