



# Application Form Tertiary Programme

Personal Details		
Family Name	Gender	Male Female
Given Name	Date of Birth	
Preferred Name	Phone Number	( )
Home Address	Mobile Number	( )
Country	Postal Code	
Email Address		
Country of citizenship	Passport Number	
Do you have Permanent Residency in New Zealand?	Yes No	
If not and if you are in NZ now, what visa are you current	tly on? Expiry	Date
Next of Kin / Emergency Contact Person		
Relationship to Applicant	Phone Number	( )
Email Address	Mobile Number	( )
Parents Details (Students aged between 14 and 18 must complete th	is saction IIIIN7 does not aproll s	students under 14)
Father's Family Name	Phone Number	
Given Name	Mobile Number	()
Home Address		
Email Address		
Mother's Family Name	Phone Number	( )
Given Name	Mobile Number	( )
Home Address (if different from Father's)		
Email Address		
Guardian Details (Students aged between 14 and 18 must complete th during the enrolment period)	is section unless parent(s) will be	accompanying
Family Name of Guardian	Phone Number	( )
Given Name	Mobile Number	( )
Relationship to Applicant		

Home Address	
Email Address	
Agent Details Are you applying through an agent? Yes	No (please go to the next section on Programme Details)
Email Address	Phone Number ( )
<b>Programme Details</b> (Most of the programmes will Please tick ( $$ ) the programme of your choice and state	
Business Programmes:	
<ul> <li>UUNZ Postgraduate Diploma of Business (Lev</li> <li>UUNZ Postgraduate Certificate in Business (Lev</li> <li>UUNZ Postgraduate Certificate in Business (Lev</li> <li>UUNZ Diploma of Business Administration (Lev</li> <li>UUNZ Diploma in Business (Level 5)</li> </ul>	onal Business (Level 9) & USQ Master of Business & Innovation vel 8) & USQ Graduate Diploma of Business evel 8) & USQ Graduate Certificate of Business evel 8) vel 7) & USQ Bachelor of Business Administration vel 7) & USQ Bachelor of Commerce vel 7) & USQ Bachelor of Business
IT Programmes:	
	ation Systems (Level 7)
Preferred intake: I wish to start in (please refer to the academic s	20 (month/year) schedule before completing)

## **Career Intention**

What is your career intention (i.e. what do you plan to do after completion of the programme):

## **Academic Information**

Secondary & Tertiary Qualification Attained	Start Date (mm/yyyy)	Date of Completion (mm/yyyy)	Name of Institution	Country	Language of Instruction

**Work History** (To be completed if you are applying for a Level 8 or Level 9 programme. Please also provide a detailed CV with your application. Applicants of other programmes may leave this section blank.)

Period (mm/yyyy)	Name of Company/Employer	Country	Position / Responsibilities
to			
to			
to			

#### English Language Proficiency

IELTS	Date of Exam	Res	ult
TOEFL	Date of Exam	Res	ult

If no recent IELTS or TOEFL result is available, please provide a self assessment with the IELTS rating of 1 to 9:ListeningSpeakingReadingWriting

Note: The self assessment above is for reference only. The applicant's English Language Proficiency will be confirmed by a subsequent IELTS or TOEFL certificate or assessed by UUNZ before commencement of the course using an Internal Entry Assessment if applicable.

#### Accommodation Requirement

Would you like UUNZ to arrange homestay accommodation for you?

Note: Arrangement will be made by a professional homestay agent engaged by UUNZ. Please contact UUNZ at least 2 weeks in advance for arrangement.

Students between the age of 14 and 18 must live with the Parent(s), a Designated Caregiver (i.e. a relative or a close family friend appointed by your parent(s) in writing) or a UUNZ approved homestay. Students over the age of 18 may choose any other accommodation options.

## Payment Details

Please pay to the following trust account when payment is required:

Account Name: <u>7494483TR01</u> UUNZ Institute of Business/Public Trust Bank: Bank of New Zealand Address: North End Branch, 100 Lambton Quay, Wellington, New Zealand Account No: 02-0536-0305865-01 SWIFT Code: BKNZNZ22 Reference: Family Name, Given Name & Student Number

**Privacy Act** UUNZ collects and stores information from this form and your records to comply with the requirements of the Ministry of Education and the New Zealand Qualifications Authority (NZQA). This information is also used to select students for programmes, to manage internal administrative processes and for internal reports about students that may be supplied to and sought from other educational institutions for the purpose of verifying academic records. In addition, when required by statute, UUNZ releases information to government agencies such the NZ Police, Department of Justice, Immigration New Zealand and the Accident Rehabilitation Compensation Corporation. You may see any information held about you and amend any errors in that information. To do so, please contact the Registrar. Failure to provide the information requested may result in the refusal of your enrolment. You have an obligation to advise the school when any of your details change.

## **Declarations**

This Application Form must be signed and supported with the relevant Academic and English Language Proficiency document for the application to be processed.

- 1. I certify that the information provided above is true and correct and understand that UUNZ may suspend my enrolment if false information has been supplied.
- 2. I understand that if my application is accepted by UUNZ, I will inform myself of all the requirements and regulations and will be responsible for the payment of fees by the due date.
- 3. I have read and understand the outline of how the Privacy Act will be applied at UUNZ and I authorize UUNZ to collect, use and disclose personal information about me in accordance with that outline and the Privacy Act 1993.
- 4. I authorize any agency holding the source of any information supplied on this form to release that information to UUNZ on request.
- 5. I have read and understand the Withdrawal and Refund Policy of enrolment at www.uunz.ac.nz.
- 6. I agree to notify UUNZ immediately of any change in the information contained in this application (e.g. my address, contact telephone numbers or email address).
- 7. I understand that I must meet the requirements of Immigration New Zealand to study in New Zealand.
- 8. I understand that I must have appropriate and current medical and travel insurance for the duration of my planned period of study if I am an international student.

Signature of applicant	Date			
Signature of parent/legal guardian (If the applicant is under 18, parent or legal guardian must sign)	Date			
For Office Use Only:				
English Proficiency Requirement				
Met. By:				
Not met. Comments:				
Academic (& Work) Requirement				
Met. By:				
Not met. Comments:				
The career intention of the applicant has been assessed. The outcome is as follows:				
Matching the programme. Comments (if any):				
Not matching the programme. Comments (if any):				
Staff signature	Date			

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