

Part A. Personal Details

(Please provide all information and attach passport documents required in part N, otherwise this application will be on hold)

Family Name	_____	Gender	<input type="checkbox"/> Male <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If not and if you are in NZ now, what visa are you currently on?	_____	Expiry Date	_____

Next of Kin / Emergency Contact Person	_____		
Relationship to Applicant	_____	Phone Number	() _____
Email Address	_____	Mobile Number	() _____

Part B. Parents Details

(Students aged between 14 and 18 must complete this section. Please proceed to Part D if over 18)

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	_____		

Part C. Guardian Details

(Students aged between 14 and 18 must complete this section unless parent(s) will be accompanying during the enrolment period)

Family Name of Guardian	_____	Phone Number	() _____
Given Name	_____	Mobile Number	() _____
Relationship to Applicant	_____		
Home Address	_____		
Email Address	_____		

Part D. Agent Details

Are you applying through an agent? Yes No (please go to the next section on Programme Details)

Company Name _____

Contact Person _____

Email Address _____

Phone Number () _____

Note: If the above agent cannot provide the required application documents of the student to UUNZ in 7 working days, UUNZ retains the right to terminate the agent helping/submitting this student application.

Agent signature/seal: _____

Part E. Programme Details (Most of the programmes will lead to dual qualifications as specified below)

Please tick (✓) the programme of your choice and state your preferred intake in terms of year and month:

Business Programmes:

- Master of Business Administration (Level 9)
- Master of Business Administration - International Business (Level 9)
- Postgraduate Diploma of Business (Level 8)
- Postgraduate Certificate in Business (Level 8)
- UUNZ Diploma of Business Administration (Level 7) (Business Administration)
- UUNZ Diploma of Business Administration (Level 7) (Accounting)
- NZQA New Zealand Diploma in Business (Level 6)

IT Programmes:

- Master of Business - Information Systems (Level 9)
- Postgraduate Certificate in Business - Information Systems (Level 8)
- Graduate Diploma of Business - Information Systems (Level 7)
- Bachelor of Information Technology (Level 7)

Preferred intake: I wish to start in _____ 20_____. (month/year)
(please refer to the academic schedule before completing)

Part F. Career Intention

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

Part G. Academic Information

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

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

Job Title	Period (mm/yyyy)	Name of Company/Employer	Country	Position / Responsibilities	Office use only
Job 1	to			1. 2. 3.	
Job 2	to			1. 2. 3.	
Job 3	to			1. 2. 3.	
Job 4	to			1. 2. 3.	
Job 5	to			1. 2. 3.	

Part I. English Language Proficiency

IELTS Date of Exam _____ Result _____
TOEFL Date of Exam _____ Result _____

If no recent IELTS or TOEFL result is available, please provide a self assessment with the IELTS rating of 1 to 9:
Listening _____ Speaking _____ Reading _____ Writing _____

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.

Part J. Accommodation Requirements

Would you like UUNZ to arrange homestay accommodation for you? Yes No

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: 7494483TR01 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: BKNZLN22
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 as 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 declare that the information supplied by me for this application and the relevant attachments are true and correct. I understand that UUNZ may vary or terminate its Offer of Place, or any subsequent agreement regarding study at UUNZ if information provided by me is shown to be incorrect or insufficient.
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 _____

Date _____

(If the applicant is under 18, parent or legal guardian must sign)

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 _____