

GATEWAY / STAR ENROLMENT FORM

Order Number: _____

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 Phone 0800 275455 Fax (09) 588 5101 www.skills4work.org.nz

Please complete **all** sections of this form if this is your first time enrolling with Skills4Work PTE.
If you have previously enrolled with Skills4Work PTE you need only complete sections marked with ★
 This form collects statistical information which is required by the Ministry of Education for reporting purposes.

★ Personal Details

Print your full legal name: Surname:

First and middle name(s):

Preferred First Name: Gender: Male Female Date of Birth:/...../.....

For first time enrolments, please attach a verified copy of your identification (eg: birth certificate, passport, drivers licence, 18+ card)

★ NZQA (New Zealand Qualifications Authority)

NZQA Number:

If you have not yet applied for your number, application will be made by Skills4Work. You **must have this number** to enable your assessments to be marked and recorded.

★ School Contact Details

School Name:

School Address:

School Gateway / Star Contact Person:

Gateway /Star Phone: E-mail contact:

Citizenship and Residency

Tick the box which best describes your citizenship or permanent residency status.

New Zealand Citizen New Zealand Permanent Resident Australian Citizen

Other If "Other" please specify:

(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)

Ethnicity

What ethnic group(s) do you belong to?

European or New Zealand Pakeha Fijian Samoan Tokelauen

New Zealand Maori Tongan Chinese Indian

Cook Island Maori Niuean Other

If "Other" please specify:

What is your preferred language? or English

*** Unit Standards**

Number/s:	Name/s:

*** Declaration**

I understand that:

- The conditions of purchase are outlined in the Memorandum of Understanding entered into by the PTE and my School.
- All correspondence, including unit standard results will be returned via the Gateway Co-ordinator in order for them to discuss my progress.
- Copies of my work may be kept for moderation purposes.
- All charges will be made to my School.
- I declare that to the best of my knowledge the information supplied on this enrolment form is true and complete. I consent to the statistical use of personal information as described above for NZQA and Ministry of Education purposes.

Signature of Student: Date: / /

Signature of Authorised School Representative:

*** Final Check**

- Enrolment form completed fully
- NZQA Number given (if known)
- A verified copy of ID is attached, i.e.: Drivers Licence, Passport, Birth Certificate or 18+ card that has been signed and dated by Authorised School Representative who has also sighted the original ID document. (First time enrolling or name changed)
- Declaration box signed and dated by student and authorised School Representative