

REAP Enrolment Form

Programme: _____

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____



Personal Information: *The following statistical information is a requirement of both the Ministry of Education and the Tertiary Education Commission*

Date of Birth: _____ **Gender:** Male Female Diverse

Ethnicity: Maori NZ European Pacific Islander Other _____

Education:

- Left school with no formal qualification
- NCEA Level 1, School Certificate or equivalent
- NCEA Level 2, University Entrance or equivalent
- NCEA Level 3 or higher

Eligibility:

- Residential Status:** NZ Citizen
- NZ Resident
- Proof of residency or citizenship required if not born in NZ
- Vaccination Pass required, attached**

Identification required:

Please provide your National Student Number # _____

- I give permission for REAP to look up my NSN # **if I don't know it**
- I give permission to access my NZQA Record of Learning if required

Permission: YES, I consent to my email address being shared with the class tutor for the purpose of sharing learning resources.

YES, I consent to the use of my photo in publicity material such as Facebook, Newspaper or the Annual Report.

Declaration: Privacy- REAP Central Plateau collects and stores information from this form to comply with the requirements of the Ministry of Education and the Tertiary Education Commission. In signing this enrolment form you authorise such disclosure on the understanding that the organisation will observe the general conditions governing the release of information, as set out in the Privacy Act 2020.

Declaration – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, and I consent to the disclosure of personal information as described above.

Signature _____ **Date** ____/____/____