



## TERTIARY STUDENT APPLICATION FORM STUDENTS UNDER 18 YEARS

### PERSONAL INFORMATION OF STUDENT

First Name

Last Name

Preferred Name

Date of Birth (dd/mm/yyyy)

Gender

Male

Female

Country of Birth

First Language

Visa Type

Visa Expiry Date

International Student

Domestic Student

Citizenship

NZ National Student Number (NSN) (If applicable)

Passport Number

Passport Expiry Date

Address in Home Country

Address in New Zealand

Mobile / Phone number

Email Address

Have you studied/attended any other school/institution in New Zealand?

Yes

No

### PARENTS INFORMATION

Mother's Details

Father's Details

Full Name

NZ Mobile / Phone Number

Home Country Mobile /  
Phone Number

Email Address

NZ Home Address

Home Country Address

## CAMPUS / LEARNING CENTRE

Auckland Campus, New Zealand  Guangzhou Learning Centre, China  Shanghai Learning Centre, China

## STUDY INFORMATION

Please tick the box of the course you wish to study.

### Kiwi College English Courses

- Beginner  
 Elementary  
 Pre-Intermediate  
 Intermediate  
 Upper-Intermediate  
 Advanced & IELTS Preparation

### High School Preparation Courses

- Upper-Intermediate  
 Advanced

### Kiwi College Hospitality Courses

- Certificate in Coffee Appreciation (Level 2)  
 Coffee Skills Training Course (Level 2) – 7 days  
 Hands-on Skills Coffee Training Course – 3 days  
 Coffee Experience Course – Half day  
 Licence Controller Qualification (LCQ) – 2 to 9 days

### Short Term Courses

- Study Tour Groups (1 to 12 weeks)

Preferred Start Date

Preferred End Date

Total Length of Study

(Weeks)

Why do you want to study this course / programme?

Do you wish to talk to an Academic Advisor regarding your studies at Kiwi College?  Yes  No

## PREVIOUS QUALIFICATIONS

Name of School / Institution	Qualification Achieved	Country	Date (mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## ACCOMMODATION REQUIREMENTS

Homestay accommodation organised by Kiwi College.  Yes  No

Organise my own accommodation (Designated Caregiver).  Yes  No

Will be living with my parent(s).  Yes  No

## MEDICAL AND TRAVEL INSURANCE

Medical and Travel Insurance organised by Kiwi College?

Yes

No

If NO, please provide us with a copy of your current insurance policy.

Copy Attached

Name of Insurance Provider

Policy Number

Yes

No

Please state clearly if you have any serious medical condition or long-term physical disability or sensory impairments that may require special assistance in interaction with various barriers.

Do you have a diagnosed allergy?

Yes

No

If YES please provide details

Do you have any special learning needs?

Yes

No

If YES please provide details

Please provide any further information that is relevant and important to your overall wellbeing and safety.

## EMERGENCY CONTACT

Full Name

Relationship

Mobile Number

Email Address

Address in New Zealand or Home Country

## DOCUMENTS CHECKLIST

- Certified copy of Student's Passport photo page  Yes  No
- Certified copy of International Student Visa or other valid visa for study  Yes  No
- Copy of Medical and Travel Insurance  Yes  No
- Copies of last school report (English only)  Yes  No
- School reports in a language other than English must be translated into English through an officially registered translation service / company (If applicable)  Yes  No
- Certified copy of secondary school or tertiary qualifications (If applicable)  Yes  No
- Certified copy of IELTS, TOEFL or other approved proficiency English results (If applicable)  Yes  No
- Copies of previous school performance report(s) (If applicable)  Yes  No

## PARENT DECLARATION

I declare, to the best of my knowledge, that all the information supplied on, and with, this Application Form is true and accurate.

Parent's Name

Parent's Signature

Date (dd/mm/yyyy)

## EDUCATION AGENT DECLARATION

I declare that I have provided the relevant advice and reliable information to the applicant and parents (or legal guardian) about studying, working and living in New Zealand.

Organisation Name

Stamp Here

Name of Declarant

Position/Job Title

Phone Number

Email Address

## OFFICE USE ONLY

	Yes	No	Hard Copy	Soft Copy
• Certified copy of passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of valid visa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of Medical and Travel Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of school report (English)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of secondary school or tertiary qualifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of English proficiency results (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Copies of school performance report(s) (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## APPLICATION FORM AND SUPPORTING DOCUMENTATION CHECKED

Name of Administration Officer

Signature

Date (dd/mm/yyyy)