

2019 Enrolment Form - Returning Student International

Please read the instructions below carefully before you complete this enrolment form.

INSTRUCTIONS

The purpose of this enrolment form is for you to provide the information we need to enrol you into a Bachelor of Chiropractic (programme) at the New Zealand College of Chiropractic. We also need to collect information from you that is required by Government agencies for statistical and registration reasons. Please complete the form correctly by:

- Completing all sections of the form. Do not leave any section blank. Put "N/A" if Not Applicable, or "Unknown at This Time";
- Printing your answers clearly in pen, or ticking the box that applies for multi-choice questions;
- Signing the form – Sections E and F and last page;
- Attaching to the form additional documentation that is required for Ministry of Education funding purposes. A description of the required documentation is provided in Section D. Documentation.

NB: If you supplied this documentation with your Application Form, you do not have to provide it again.

A. PERSONAL DETAILS										
1	NZCC STUDENT ID NUMBER (if known)									
2	Print your full legal name: <i>Family Name</i>									
	<i>Given Name(s)</i>									
3	Preferred first name:									
4	If you have previously enrolled under another name, what was that name?									
5	Preferred title:	<i>Ms</i> <input type="checkbox"/>	<i>Miss</i> <input type="checkbox"/>	<i>Mrs</i> <input type="checkbox"/>	<i>Mr</i> <input type="checkbox"/>	<i>Other (Specify):</i>				
6	Date of birth:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		<i>day</i>	<i>month</i>	<i>year</i>	7	Gender:	<i>Male</i> <input type="checkbox"/>	<i>Female</i> <input type="checkbox"/>	<i>Diverse</i> <input type="checkbox"/>	
8 CONTACT DETAILS										
New Zealand address:					Address in home country:					
No. & Street:					No. & Street:					
Suburb:					Suburb:					
City:					City:					
Postcode:					State/Region:					
					Country:					
					Postcode:					
NZ Contact Telephone Number:					Home Country Telephone Number:					
NZ Mobile:					Email:					

A. PERSONAL DETAILS continued

EMERGENCY CONTACT DETAILS

Name:		Name:	
Country:		Country:	
Phone number:		Phone number:	
Mobile number:		Mobile number:	
Email:		Email:	
Relationship to you:		Relationship to you:	

9	International Citizenship and Residency:		
	Country of citizenship: Please Note: If your citizenship or residency status changes, please provide documentary evidence of the new status.		
	Passport Issuing Country:		
	Passport Number:		
	Expiry Date:		
10	Ethnicity: What ethnic group(s) do you belong to? You may tick up to three boxes which apply to you.		
	NZ European/Pakeha <input type="checkbox"/> 111 New Zealand Māori <input type="checkbox"/> 211 Samoan <input type="checkbox"/> 311 Cook Island Māori <input type="checkbox"/> 321 Tongan <input type="checkbox"/> 331 Niue <input type="checkbox"/> 341 Tokelauan <input type="checkbox"/> 351 Fijian <input type="checkbox"/> 361 Other Pacific Peoples <input type="checkbox"/> 371	British/Irish <input type="checkbox"/> 121 Dutch <input type="checkbox"/> 122 Greek <input type="checkbox"/> 123 Polish <input type="checkbox"/> 124 South Slav <input type="checkbox"/> 125 Italian <input type="checkbox"/> 126 German <input type="checkbox"/> 127 Australian <input type="checkbox"/> 128 Other European <input type="checkbox"/> 129	Filipino <input type="checkbox"/> 411 Cambodian <input type="checkbox"/> 412 Vietnamese <input type="checkbox"/> 413 Other Southeast Asian <input type="checkbox"/> 414 Chinese <input type="checkbox"/> 421 Indian <input type="checkbox"/> 431 Sri Lankan <input type="checkbox"/> 441 Japanese <input type="checkbox"/> 442 Korean <input type="checkbox"/> 443 Other Asian <input type="checkbox"/> 444
	Middle Eastern <input type="checkbox"/> 511 Latin American <input type="checkbox"/> 521 African <input type="checkbox"/> 531 Other <input type="checkbox"/> 611 Not Stated <input type="checkbox"/> 999		
	If "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other", please specify what specific ethnicity below. _____		
11	Disability: Do you live with the effects of significant injury, long term illness, or disability (including learning disabilities)? The information you supply is confidential.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, how would you describe your impairment, disability or long term medical condition? _____		
12	Criminal History: Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If yes, please provide details: _____		

B. PROGRAMME

13	Name of Programme: Bachelor of Chiropractic	PC 3163
14	Please provide your NSN (National Student Number). <div style="display: flex; justify-content: center; gap: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> </div> </div>	
<p>Cross Credits/Recognition of Prior Learning Applications for cross credits/RPL need to be submitted within 5 working days of the start of the semester in which the course is taught. Application forms are available from the College reception or website.</p>		
15	Please tick [✓] the courses you wish to study in 2019:	
		International Students Fees
	Course Code: Course Name	Credits Amount NZD Tick [✓]
	Year 2 Semester 1, 2019	
	1PHIL3 Philosophy of Chiropractic 3: Integration of Philosophy & Practice	6 1517.00
	1TECHDIV Technique - Diversified	12 3034.00
	1NEURO2 Neuro Science 2	9 2275.50
	1REHAB Rehabilitation	9 2275.50
	1PRECHIRO1 Pre-Chiropractic Practice 1	9 2275.50
	1CHIROSCI Chiropractic Science	6 1517.00
	1NUTR Nutrition	3 758.50
	1PATH3 Pathology 3	6 1517.00
	Semester 1 Total	60 15,170.00
	Add any other course/s that you will be taking in Semester 1	
	Year 2 Semester 2, 2019	
	1NEURO3 Neuro Science 3	9 2275.50
	1DIAG Diagnosis 1	6 1517.00
	1TECHGON Technique – Gonstead	9 2275.50
	1TECHUCS1 Technique – Upper Cervical Specific	12 3034.00
	1PROFTIK Professional Practice - Tikanga Maori	3 758.50
	1DI1 Diagnostic Imaging 1	6 1517.00
	1PRECHIRO2 Pre-Chiropractic Practice 2	12 3034.00
	1RADPOS Radiography - Positioning	3 758.50
	Semester 2 Total	60 15,170.00
	Add any other course/s that you will be taking in Semester 2	
	Year Sub Total	
		120 30,340.00
	Any additional courses added above	
	Compulsory Student Services Fee	
		250.00
	Write your Total Fees here	
	YEAR TOTAL	
Note: Should you not meet the Prerequisites for courses in Semester 2 the College will automatically withdraw you from these courses.		

15	Please tick [✓] the courses you wish to study in 2019:		International Students Fees		
	Course Code:	Course Name	Credits	Amount NZD	Tick [✓]
	Year 3 Semester 1, 2019				
	2INTCP	Introduction to Chiropractic Practice	22.5	5688.75	
	2PSYCH2	Psychology (Clinical Psychology)	6	1517.00	
	2NEURO4	Neuro Diagnosis 1	6	1517.00	
	2BUSMKT	Professional Practice Business Marketing	6	1517.00	
	2DI2	Diagnostic Imaging 2	6	1517.00	
	2TECHACT	Technique - Activator	4.5	1137.75	
	2CHIROMAN1	Chiropractic Management 1	9	2275.50	
	Semester 1 Total		60	15,170.00	
	Add any other course/s that you will be taking in Semester 1				
	Year 3 Semester 2, 2019				
	2PROFRISK	Professional Practice - Practice Safety and Risk Management	9	2275.50	
	2TECHMAS	Technique Mastery	6	1517.00	
	2DI3	Diagnostic Imaging 3	6	1517.00	
	2SPCHIRO1	Special Population Chiropractic - Children	6	1517.00	
	2TECHEXT	Technique – Extremities	9	2275.50	
	2CHIROPRAC2	Chiropractic Practice 2	24	6068.00	
	Semester 2 Total		60	15,170.00	
	Add any other course/s that you will be taking in Semester 2				
	Year Sub Total		120	30,340.00	
Any additional courses added above					
Compulsory Student Services Fee			250.00		
Write your Total Fees here					
YEAR TOTAL					
Note: Should you not meet the Prerequisites for courses in Semester 2 the College will automatically withdraw you from these courses.					

15	Please tick [✓] the courses you wish to study in 2019:		International Students Fees		
	Course Code:	Course Name	Credits	Amount NZD	Tick [✓]
	Year 4 Semester 1, 2019				
	2DI4	Diagnostic Imaging 4	6	1517.00	
	2SPCHIRO2	Special Population Chiropractic - Elderly	6	1517.00	
	2CHIROPRAC3	Chiropractic Practice 3	24	6068.00	
	2PHIL4	Philosophy Chiropractic 4 – Advanced concepts and current issues	6	1517.00	
	2CHIROMAN2	Chiropractic Management 2	12	3034.00	
	2LABDIAG	Lab Diagnosis	3	758.50	
	2PHARM	Pharmacology	3	758.50	
	Semester 1 Total		60	15,170.00	
	Add any other course/s that you will be taking in Semester 1				
	Year 4 Semester 2, 2019				
	2PROFBUS2	Professional Practice Business Management 2	6	1517.00	
	2CHIROMAS	Chiropractic Mastery	12	3034.00	
	2ADCHIRO	Advanced Chiropractic *	6	1517.00	
	2CHIROPRAC4	Chiropractic Practice 4	36	9102.00	
	Semester 2 Total		60	15,170.00	
	Add any other course/s that you will be taking in Semester 2				
Year Sub Total		120	30,340.00		
Any additional courses added above					
Compulsory Student Services Fee			250.00		
Write your Total Fees here					
YEAR TOTAL					
Note: Should you not meet the Prerequisites for courses in Semester 2 the College will automatically withdraw you from these courses.					
*Elective options: For Advanced Chiropractic, you will be provided your Elective Options at the start of the Semester.					

C. ACADEMIC AND VOCATIONAL INFORMATION

16	Prior Activity:			
	What was your MAIN activity or occupation in New Zealand at 1 October 2018? You may tick only one box. If you were overseas, select Option 09.			
	<input type="checkbox"/> 01	Secondary school student	<input type="checkbox"/> 02	Unemployed or other beneficiary (excluding retired)
	<input type="checkbox"/> 03	Wage or salary worker	<input type="checkbox"/> 04	Self-employed
	<input type="checkbox"/> 05	University student	<input type="checkbox"/> 06	Polytechnic student
	<input type="checkbox"/> 08	House-person or retired	<input type="checkbox"/> 09	Overseas (irrespective of occupation)
	<input type="checkbox"/> 11	Private training establishment student	<input type="checkbox"/> 12	Wānanga student
	17	Secondary School/High School:	What was the name of the last secondary school/high school you attended? State "overseas", if you completed high school outside of New Zealand. _____	What was your last year at Secondary School/High School? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

What is the highest level of achievement you hold from a secondary school? Your highest achievement may be a "traditional" award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Achievement shows you the standards, credits and qualifications you have achieved. **Tick only one box.**

<input type="checkbox"/> 00	No formal secondary qualifications	<input type="checkbox"/> 15	NCEA Level 3 or Bursary or Scholarship
<input type="checkbox"/> 11	14 or more credits at any level	<input type="checkbox"/> 09	Overseas qualification (includes International Baccalaureate & Cambridge Exams)
<input type="checkbox"/> 12	NCEA Level 1 or School Certificate	<input type="checkbox"/> 98	Other
<input type="checkbox"/> 13	NCEA Level 2 or 6th Form Certificate	<input type="checkbox"/> 99	Not known
<input type="checkbox"/> 14	University Entrance		

Tertiary Study:

Please enter the name of the organisation you first studied at and the year of your first enrolment:

Name: _____

Year:

Qualification Name: Bachelor of Chiropractic

Date you will start your studies at NZCC: Month/Year:

Date you expect to finish your studies at NZCC: Month/Year:

D. DOCUMENTATION

International students are all those who:

- are not New Zealand or Australian citizens; *or*
- have not gained Permanent Residency status in New Zealand or Australia; *or*
- are not a New Zealand citizen from the Cook Islands, Tokelau or Niue.

All International students enrolling at the New Zealand College of Chiropractic must have:

- a valid passport;
- a current student visa for New Zealand;
- appropriate health and travel insurance for the duration of their student visa.

Prior to starting classes, you will need to provide a certified copy of these documents. This means a photocopy, photograph or scanned copy of your original documents, signed as being a true and accurate copy by a Justice of the Peace (JP) or a solicitor.

Alternatively, you can bring the original documentation to Admissions who will verify these documents.

If you have already supplied this documentation with your Application, you do not need to provide it again. Please check with Admissions if you are unsure.

E. DECLARATION

Privacy The New Zealand College of Chiropractic collects and stores information from this form to:

- manage the business of the New Zealand College of Chiropractic (including internal reporting, administrative processes, selection of scholarship and prize winners and communications);
- comply with the requirements of the Education Act 1989 and other legislation¹ relating to maintenance of records;
- supply information to government agencies and other organisations as set out below.

In signing this enrolment form you authorise such disclosure on the understanding that the New Zealand College of Chiropractic will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact the Registrar.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the New Zealand College of Chiropractic to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act - <http://www.privacy.org.nz>

Supply of information to government agencies and other organisations

The New Zealand College of Chiropractic supplies data collected on this form to government agencies, including:

- the Ministry of Education;
- the Education New Zealand;
- the New Zealand Qualifications Authority;
- the Tertiary Education Commission;
- the Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans);
- Immigration New Zealand and the Ministry of Business, Innovation and Employment (for those who are not New Zealand citizens or permanent residents);
- Agencies who support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

Those agencies use the data collected from tertiary education organisations to:

- administer the tertiary education system, including allocating funding;
- develop policy advice for government;
- conduct statistical analysis and research.

Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993.

When required by law, the New Zealand College of Chiropractic releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).

Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

Tuition fees – In signing this enrolment form you confirm that you are aware of the tuition fees, compulsory student services fee and course-related costs for the academic year for which you are enrolling and all associated policies, including rules related to withdrawal, deferment and refund. These are all available on the College website, and in the Student Handbook which is also on the College website. In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies (as amended from time to time) of the New Zealand College of Chiropractic with regard to attendance, withdrawal, academic progress, standard of dress, health and safety, safe practice and behaviour and all policies outlined in the Student Handbook available on the website and in the College library. You are expected to familiarise yourself with these policies.

¹ This includes legislation governing the maintenance of official records and for accountability for public funding.

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

Signature: _____ Date: ____/____/____

➤ Please make sure that you sign your enrolment form above ◀

F. STUDENT ACKNOWLEDGEMENT

EXPLANATORY NOTE OF STUDENT ACKNOWLEDGEMENT

1. The purpose of the Student Acknowledgement form below is to make sure that:
 - (a) you understand what happens to any refunds (if there are any) of your student fees if your course closes; and
 - (b) you provide the necessary information about yourself and your student fees.
2. By signing the Student Acknowledgement form below, you are agreeing that:
 - (a) You understand that if your course closes (a Course Closure Event), it will be the trustee's duty to make sure the correct amounts of any refunds (if there are any), are distributed in accordance with the law and the New Zealand Qualifications Authority Policy. As such, your refunds may need to be paid to another PTE if you enrol in another course (the Alternative Provider), your student loan provider such as StudyLink (the Loan Provider), yourself, or anyone else who should be paid your refund (such as any person who may have paid your fees for you) (the Third Party).
 - (b) You understand that your personal information about yourself will be given to your PTE, The New Zealand Qualifications Authority and your trustee.
3. Please read the Student Acknowledgement carefully before signing.

FORM OF STUDENT ACKNOWLEDGMENT

1. By this document, I _____
[insert full name of student and place of residence]
declare that I am enrolling as a Student at the New Zealand College of Chiropractic ("PTE").
2. I understand that after I sign this document I cannot withdraw this authorisation to the Trustee. I acknowledge and agree that:
 - (a) if a Course Closure Event occurs and I transfer to an Alternative Provider with the approval of the Qualifications Authority, any amount agreed by me, up to the Entitled Student Amount attributable to me will be transferred from the Trust Fund to that Alternative Provider;
 - (b) if a Course Closure Event occurs and I owe money to a Loan Provider in respect of that Course, the Trustee is authorised to repay the Tuition Fees portion of the Entitled Student Amount attributable to me, less any amount transferred to an Alternative Provider, directly to that Loan Provider to the extent required to settle the amount due to the Loan Provider;
 - (c) subject to 2(b) above, if a Course Closure Event occurs and the Trustee refunds any amount directly to me, the Trustee will refund the Entitled Student Amount attributable to me by way of direct credit to my bank account or cheque posted to my last known postal address notified to that Trustee;
 - (d) if another party is entitled to receive any refund of the Entitled Student Amount attributable to me, I will provide the Trustee with the contact details of that party to which the refund should be sent; 1493246 Student Fee Protection Standard Trust Deed Execution Version 1;
 - (e) personal information about me and information about my Student Fees may be supplied by the PTE to the Qualifications Authority, Auditor or the Trustee and by the Trustee or Auditor to the Qualifications Authority;
 - (f) after the payments contemplated in (a), (b), (c) and (d) above have been made, the trusts on which the Trustee was holding the Trust Fund will have been discharged;
 - (g) any interest earned on the Trust Fund prior to payment under (a), (b) (c) or (d) above will vest in and be payable to the PTE for its own benefit, and I will have no claim to such interest;
 - (h) I am/am not 18 years of age or older (delete whichever is not applicable, if Student under 18, Parent/Guardian to also sign).
3. Capitalised terms used in this agreement shall have the meaning as defined in the Student Fee Protection Standard Trust Deed between the PTE and the Trustee, a copy of which has been made available to me by the PTE and the Trustee (the "Deed").

The Student Tuition Fee Protection Standard Trust Deed can be viewed at <http://www.nzqa.govt.nz/assets/Providers-and-partners/Registration-and-accreditation/Student-Fee-Protection/Standard-Trust-Deed-for-Chartered-Accountants-and-Solicitors-Trustees.pdf>.

Signature: _____ Date: ____/____/____

➤ Please make sure that you sign your enrolment form above ◀

Third Party:

If your tuition is paid by a Loan Provider or Third Party, and they require tuition refunds to be refunded to them, provide their details below. If this does not apply, Circle "N/A". *The College is obligated to meet the conditions of loans by certain providers (e.g. US Financial Aid) and as a result may not be able to refund tuition to the enrolled student.* (Refer to the Form of Acknowledgement, 2. (e) for further explanation.)

N/A

Loan Provider or Third Party information to receive tuition refunds:

Name: _____

Address: _____ Telephone Number: _____

Trustee Account Details:

Bank: ASB Bank Limited. Branch: North Harbour Commercial Banking

Account Name: Banks Group – New Zealand College of Chiropractic Student Fees Trust Account

Account Number: 12-3107-0048286-00. Swift Code: ASBBNZ2AXXX

Payer details: _____
[Name of Student]

Important: The Trustee will not protect your Student Fees unless they are paid to account referred to above. Please advise your bank to note that the payment is made on your behalf.

Payment Dates of Tuition Fees from Trustee Account to PTE:

The New Zealand College of Chiropractic is required to hold all tuition fees in the Trust Account and fees must only be drawn down in accordance to the following schedule:

Date	Amount
9 days after commencement date of the course	20% of the Tuition Fees or \$3,000 whichever is the lesser and thereafter balance semester fees on a monthly basis in arrears as below
1st of March	1/5 of the balance semester 1 fees
1st of April	1/5 of the balance semester 1 fees
1st of May	1/5 of the balance semester 1 fees
1st of June	1/5 of the balance semester 1 fees
1st of July	1/5 of the balance semester 1 fees
1st of August	1/5 of the balance semester 2 fees
1st of September	1/5 of the balance semester 2 fees
1st of October	1/5 of the balance semester 2 fees
1st of November	1/5 of the balance semester 2 fees
1st of December	1/5 of the balance semester 2 fees

NOTE: These are the rules that the College must abide by to protect student tuition fees and under NO circumstances should these be considered as the dates tuition fees are to be paid to the College. Annual Tuition Fees are due by the first day of Semester One 2019.

➤ **Please make sure that you sign your enrolment form on the next page** ◀

<p>STUDENT SIGNATURE:</p> <p>_____</p> <p><i>(Signature of Student)</i></p> <p>_____</p> <p><i>(Date)</i></p>	<p>WITNESS: <i>(If you are emailing your enrolment, you must have the form witnessed.)</i></p> <p>_____</p> <p><i>(Witness Name)</i> <i>(Occupation)</i></p> <p>_____</p> <p><i>(Address)</i></p> <p>_____</p> <p><i>(Signature)</i> <i>(Date)</i></p>
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Office Use Only		
<p>Form Received:</p> <p>By: _____</p> <p>Date: _____</p>	<p>Sent to Trustee:</p> <p>By: _____</p> <p>Date: _____</p>	<p>Entered:</p> <p>By: _____</p> <p>Date: _____</p>