

2020 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"/>	7	Gender: <i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/> <i>Diverse</i> <input type="checkbox"/>
		<i>day</i>	<i>month</i>	<i>year</i>						
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	British/Irish <input type="checkbox"/> 121	Filipino <input type="checkbox"/> 411	Middle Eastern <input type="checkbox"/> 511
	New Zealand Māori <input type="checkbox"/> 211	Dutch <input type="checkbox"/> 122	Cambodian <input type="checkbox"/> 412	Latin American <input type="checkbox"/> 521
	Samoan <input type="checkbox"/> 311	Greek <input type="checkbox"/> 123	Vietnamese <input type="checkbox"/> 413	African <input type="checkbox"/> 531
	Cook Island Māori <input type="checkbox"/> 321	Polish <input type="checkbox"/> 124	Other Southeast Asian <input type="checkbox"/> 414	Other <input type="checkbox"/> 611
	Tongan <input type="checkbox"/> 331	South Slav <input type="checkbox"/> 125	Chinese <input type="checkbox"/> 421	Not Stated <input type="checkbox"/> 999
	Niue <input type="checkbox"/> 341	Italian <input type="checkbox"/> 126	Indian <input type="checkbox"/> 431	
	Tokelauan <input type="checkbox"/> 351	German <input type="checkbox"/> 127	Sri Lankan <input type="checkbox"/> 441	
	Fijian <input type="checkbox"/> 361	Australian <input type="checkbox"/> 128	Japanese <input type="checkbox"/> 442	
	Other Pacific Peoples <input type="checkbox"/> 371	Other European <input type="checkbox"/> 129	Korean <input type="checkbox"/> 443	
			Other Asian <input type="checkbox"/> 444	
	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: space-around; align-items: center;"> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="font-size: 20px;">-</div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 25px; height: 25px; 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 2020:	
		International Students Fees
	Course Code: Course Name	Credits Amount NZD Tick [✓]
Year 2 Semester 1, 2020		
1PHIL3	Philosophy of Chiropractic 3: Integration of Philosophy & Practice	6 1578.00
1TECHDIV	Technique - Diversified	12 3153.00
1NEURO2	Neuro Science 2	9 2367.00
1REHAB	Rehabilitation	9 2367.00
1PRECHIRO1	Pre-Chiropractic Practice 1	9 2367.00
1CHIROSCI	Chiropractic Science	6 1578.00
1NUTR	Nutrition	3 789.00
1PATH3	Pathology 3	6 1578.00
Semester 1 Total		60 15,777.00
Add any other course/s that you will be taking in Semester 1		
Year 2 Semester 2, 2020		
1NEURO3	Neuro Science 3	9 2367.00
1DIAG	Diagnosis 1	6 1578.00
1TECHGON	Technique – Gonstead	9 2367.00
1TECHUCS1	Technique – Upper Cervical Specific	12 3154.50
1PROFTIK	Professional Practice - Tikanga Māori	3 789.00
1DI1	Diagnostic Imaging 1	6 1578.00
1PRECHIRO2	Pre-Chiropractic Practice 2	12 3154.50
1RADPOS	Radiography - Positioning	3 789.00
Semester 2 Total		60 15,777.00
Add any other course/s that you will be taking in Semester 2		
Year Sub Total		120 31,554.00
Any additional courses added above		
Compulsory Student Services Fee		300.00
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 2020:		International Students Fees		
	Course Code:	Course Name	Credits	Amount NZD	Tick [✓]
	Year 3 Semester 1, 2020				
	2INTCP	Introduction to Chiropractic Practice	22.5	5916.00	
	2PSYCH2	Psychology (Clinical Psychology)	6	1578.00	
	2NEURO4	Neuro Diagnosis 1	6	1578.00	
	2BUSMKT	Professional Practice Business Marketing	6	1578.00	
	2DI2	Diagnostic Imaging 2	6	1578.00	
	2TECHACT	Technique - Activator	4.5	1182.00	
	2CHIROMAN1	Chiropractic Management 1	9	2367.00	
	Semester 1 Total		60	15,777.00	
	Add any other course/s that you will be taking in Semester 1				
	Year 3 Semester 2, 2020				
	2PROFRISK	Professional Practice - Practice Safety and Risk Management	9	2367.00	
	2TECHMAS	Technique Mastery	6	1578.00	
	2DI3	Diagnostic Imaging 3	6	1578.00	
	2SPCHIRO1	Special Population Chiropractic - Children	6	1578.00	
	2TECHEXT	Technique – Extremities	9	2367.00	
	2CHIROPRAC2	Chiropractic Practice 2	24	6309.00	
	Semester 2 Total		60	15,777.00	
	Add any other course/s that you will be taking in Semester 2				
	Year Sub Total		120	31,554.00	
Any additional courses added above					
Compulsory Student Services Fee			300.00		
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 2020:		International Students Fees									
	Course Code:	Course Name	Credits	Amount NZD	Tick [✓]							
	Year 4 Semester 1, 2020											
	2DI4	Diagnostic Imaging 4	6	1578.00								
	2SPCHIRO2	Special Population Chiropractic - Elderly	6	1578.00								
	2CHIROPRAC3	Chiropractic Practice 3	24	6310.00								
	2PHIL4	Philosophy Chiropractic 4 – Advanced concepts and current issues	6	1578.00								
	2CHIROMAN2	Chiropractic Management 2	12	3155.00								
	2LABDIAG	Lab Diagnosis	3	789.00								
	2PHARM	Pharmacology	3	789.00								
	Semester 1 Total		60	15,777.00								
	Add any other course/s that you will be taking in Semester 1											
	Year 4 Semester 2, 2020											
	2PROFBUS2	Professional Practice Business Management 2	6	1578.00								
	2CHIROMAS	Chiropractic Mastery	12	3155.00								
	2ADCHIRO	Advanced Chiropractic *	6	1578.00								
	2CHIROPRAC4	Chiropractic Practice 4	36	9466.00								
	Semester 2 Total		60	15,777.00								
	Add any other course/s that you will be taking in Semester 2											
Year Sub Total		120	31,554.00									
Any additional courses added above												
Compulsory Student Services Fee				300.00								
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.												
<p>*Elective options: For Advanced Chiropractic please use the following to indicate your preferred choice (number 1-4, 1 being the most preferred).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Gonstead Technique</td> <td style="width: 50%;"></td> </tr> <tr> <td>Research</td> <td></td> </tr> <tr> <td>Thompson Technique</td> <td></td> </tr> <tr> <td>Network Spinal Technique</td> <td></td> </tr> </table> <p>Please note that due to restrictions on class size you may not get your first option, priority will be given to early enrolments.</p>					Gonstead Technique		Research		Thompson Technique		Network Spinal Technique	
Gonstead Technique												
Research												
Thompson Technique												
Network Spinal Technique												

C. ACADEMIC AND VOCATIONAL INFORMATION

16	Prior Activity:			
	What was your MAIN activity or occupation in New Zealand at 1 October 2019? You may tick only one box. If you were overseas, select Option 09.			
	<input type="checkbox"/> 01	<i>Secondary school student</i>	<input type="checkbox"/> 02	<i>Unemployed or other beneficiary (excluding retired)</i>
	<input type="checkbox"/> 03	<i>Wage or salary worker</i>	<input type="checkbox"/> 04	<i>Self-employed</i>
	<input type="checkbox"/> 05	<i>University student</i>	<input type="checkbox"/> 06	<i>Polytechnic student</i>
	<input type="checkbox"/> 08	<i>House-person or retired</i>	<input type="checkbox"/> 09	<i>Overseas (irrespective of occupation)</i>
	<input type="checkbox"/> 11	<i>Private training establishment student</i>	<input type="checkbox"/> 12	<i>Wānanga student</i>

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.																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><input type="checkbox"/> 00</td> <td style="width: 35%;">No formal secondary qualifications</td> <td style="width: 15%; text-align: center;"><input type="checkbox"/> 15</td> <td style="width: 35%;">NCEA Level 3 or Bursary or Scholarship</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 11</td> <td>14 or more credits at any level</td> <td style="text-align: center;"><input type="checkbox"/> 09</td> <td>Overseas qualification (includes International Baccalaureate & Cambridge Exams)</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 12</td> <td>NCEA Level 1 or School Certificate</td> <td style="text-align: center;"><input type="checkbox"/> 98</td> <td>Other</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 13</td> <td>NCEA Level 2 or 6th Form Certificate</td> <td style="text-align: center;"><input type="checkbox"/> 99</td> <td>Not known</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/> 14</td> <td>University Entrance</td> <td></td> <td></td> </tr> </table>				<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		
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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 ACKNOWLEDGEMENT

1. By this document, I _____
[insert your full name and place of residence]
declare that I am enrolling as a Student at the New Zealand College of Chiropractic ("PTE") and I wish to pay my Tuition Fees to Banks Group ("Trustee") as Trustee to be held in the Trustee's Trust Account, as an individual trust for protection of my Tuition Fees paid to the PTE.
2. I will pay my Tuition Fees to Banks Group and authorise the Trustee to apply the Tuition Fees (and any interest) in accordance with the provisions and terms of the Deed and in the manner set out in the periodic payment schedule produced by the PTE from time to time.
3. 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 amount of Tuition Fees held on trust attributable to me will be transferred from the Trust Fund to that Alternative Provider;
 - (b) in the event that I withdraw from the Course or 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 amount of Tuition Fees held on trust 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 3(b) above, in the event that I withdraw from the Course the Trustee will refund such Tuition Fees to me in accordance with the provisions of the Education Act 1989 and the PTE's own refund policy;
 - (d) in the event that I withdraw from the Course or a Course Closure Event occurs and the Trustee refunds any amount directly to me, the Trustee will refund the 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;
 - (e) if another party is entitled to receive any refund of the amount attributable to me, I will provide the Trustee with the contact details of that party to which the refund should be sent;
 - (f) personal information about me and information about my Tuition 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;
 - (g) 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;
 - (h) 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;
 - (i) I am 18 years of age or older.
4. 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 <https://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 date tuition fees are to be paid to the College. Annual Tuition Fees are due by the first day of Semester One 2020.

➤ **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 Witnessed and Executed:</p> <p>By: _____</p> <p>Date: _____</p>	<p>Sent to Trustee:</p> <p>By: _____</p> <p>Date: _____</p>	<p>Entered (Registrar):</p> <p>By: _____</p> <p>Date: _____</p>