ACADEMY OF VOCATIONAL STUDIES Gateway Enrolment Form Welcome to Academy of Vocational Studies Gateway.							
PLEASE PRINT CLEA	RLY						
 Secondary School: Gateway coordinat 	or:						
NSI Number:							
Personal Details							
First Name:		Mi	ddle Name: _				
Surname:							
Gender:							
Citizenship and Resid	ency						
New Zealand Citizen	NZL		New Zeala	and Resident /	NZP		
Australian Citizen	AUS	Other (please specify):					
Ethnic Group (you ma	y tick more	than one)					
NZ European/Pakeha		NZ Maori	20	Samoan	31		
Cook Island Maori	32	Tongan	33	Niuean	34		
Tokelauan	35	Fijian	36	Chinese	51		
Other Asian	68	Indian	52	Other Pacific Is	sland 37		
Other (please specify):							
If you are identified as a line line line line line line line line				affiliation?			
Rohe			Rohe				

Highest Academic Award from 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 Learning shows how many credits you have.

- No formal Secondary qualification or less than 12 credits at Level 1
- Overseas Qualification (incl Int. Baccalaureate & Cambridge Exams)
- 14 or more credits at any level
- NCEA Level 1 or School Certificate
- NCEA Level 2 or 6th Form Certificate
- NCEA Level 3 or Bursary or Scholarship
- University Entrance
- Not Known
- Other (please specify):

DECLARATIONS:

Privacy:

The Organisation collects and stores information from this and attached form to comply with requirements of the Ministry of Education (student statistical returns). New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes). Tertiary Education Commission (funding returns). Industry Training Organisations (funding and academic outcomes). Ministry of Social Development (confirmation of enrolment and academic outcomes). Department of Immigration (if you are not a New Zealand citizen or permanent resident).

The information is also used to select students for qualifications, to manage internal administrative process, and for internal reporting.

Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic and research records.

In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development and the Accident Compensation Corporation (ACC).

In signing this enrolment form you authorise such disclosure on the understanding that AVS will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the office.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires AVS to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act.

http://www.privace.org.nz/people/peotop.html

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

Print full name:	
Date:	

Signature:	
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Plagiarism:

I declare that all unit standards submitted by me to Academy of Vocational Studies will be written by me and will represent my own work. I will NOT copy another person's work nor will I plagiarise from literature, the Tutors Guide OR the student workbook.

I understand all of the following conditions and declare to adhere to them;

- a) Should I not sign this declaration Academy of Vocational Studies have the right to refuse to mark my work.
- b) If my work is found not to be my own I will fail the unit with no resubmission opportunity for that unit.

My assessments may be copied for purposes such as moderation

Print full	name:	
Date		

Signature: _____

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(Please make sure that you sign your enrolment form above)

OFFICE USE ONLY					
Approved By:	Entered By:	Unit Standards:			
Date: / /	Date: / /				

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