

APPLICATION FORM (Teaching)

Graduate Diploma in Teaching (Early Childhood Education)

Bachelor of Teaching (Early Childhood Education)

Bachelor of Teaching (Early Childhood Education) Upgrade

Certificate in Early Childhood Teaching (Level 6)

Certificate in Early Childhood Education (Level 5)

Thank you for choosing to study at New Zealand Tertiary College. If you have any queries about completing this application form, our programs of study, or selection process, please contact the Enrolments team on:

enrolments@nztertiarycollege.ac.nz, or phone +64 9 520 4000.

Please complete all sections of this application form. The information will be used by New Zealand Tertiary College to process your enrolment.

Please note: New Zealand Tertiary College is required to pass on statistical information to the New Zealand Ministry of Education and other government agencies.

| | Please choose which program of study you are applying for: | | | |
|-----------------|---|--|--|--|
| Program details | Graduate Diploma in Teaching (Early Childhood Education) | Bachelor of Teaching (Early Childhood Education) Bachelor of Teaching (Early Childhood Education) Upgrade | | |
| | Certificate in Early Childhood Teaching (Level 6) | Certificate in Early Childhood Education (Level 5) | | |
| | Mode of study: | | | |
| | Distance Learning – NZTC Online | Field Based College Based | | |
| | Please note: By choosing a study mode you are agreeing to the conditions required by that mode of study. Please check the New Zealand Tertiary College prospectus or visit www.nztertiarycollege.ac.nz for a full list of conditions. | | | |
| | Please choose your preferred start da | te: (Field Based and College Based students only) | | |
| | February August | | | |
| | | | | |
| | NZTC student ID number: (If you have al | dready been given an New Zealand Tertiary College student number, please write it below). | | |
| | National student number (NCN): ((C. | | | |
| | National student number (NSN): (If you already have an NSN, or NZQA Record of Learning number, please write it below). | | | |
| | Please write your full legal name: (You | are required to attach a verified copy of your birth certificate, whakapapa or passport). | | |
| | | | | |
| tails | Preferred title: | Ms Miss Mrs Other (please specify) | | |
| al details | Surname or family name: | | | |
| | First or given names: | | | |
| Person | Preferred first name: | | | |
| | Previous name(s): (e.g. Maiden name, other known names etc.) | | | |
| | please specify the name above. | Zealand Tertiary College or any other tertiary institute under another name, | | |
| | Please note: If your current name is different from the name on your verified ID, please attach a copy of your marriage certificate or civil union certificate, certificate of dissolution of marriage or civil union, deed poll or statutory declaration. | | | |
| | Gender: | Male Female | | |
| | Date of birth: | | | |

| Citizenship details | Please note: If you were not born in New Zealand, Cook Island, Tokelau, Niue or Australia, you are required to attach a verified copy of your citizenship, residence permit or study visa. a New Zealand citizen (Including Cook Island, Tokelau or Niue) an Australian citizen a permanent resident in New Zealand (Please specify your citizenship) a citizen of another country (Please specify your citizenship. For students with dual citizenship, specify the country of citizenship on the passport used to enter New Zealand). Please note: If you are an International student you must supply a verified copy of your current passport visa and/or permit with your application. If you are a New Zealand or Australian permanent resident, or an Australian Citizen, please specify how long you have resided in New Zealand with a residence class visa or with Australian Citizenship. Years Months Will you be living in New Zealand for the period of your study? Yes No |
|-------------------------------|--|
| Language details | Is English your first language? Yes (Please go to the next section) No Country of birth Are you able to provide evidence of your competency with the English language? (e.g. IELTS or other English language test). Yes (Please specify below) No Have you gained a qualification taught in English from a New Zealand secondary school or tertiary institute? Yes (Please specify below) No (If yes, please name the New Zealand secondary school or tertiary institute you attended and the qualification you obtained below). Please note: You must attach verified copies of all secondary school, tertiary records and English proficiency results. |
| Health and conviction details | Are you on any permanent medication? Yes No If yes please specify Do you live with the effects of significant injury, long-term illness, a physical / learning disability / diversity that may affect your study.? Yes No If yes, how would you describe your impairment, disability or long term medical condition? Please note: The information you supply is confidential. Do you have, or have you ever had a physical or psychological condition that would make it difficult for you to work with young children? Yes No If yes please specify Have you ever been convicted of any offence against the law (including traffic convictions), or do you have any criminal charges pending? Yes No If yes, please provide full details including date of conviction and sentence. |

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| | How did you hear about New Zealand Te | rtiary College? |
|----------|---------------------------------------|-------------------------|
| ck | Internet/website | Friend or family member |
| þa | Early Childhood Centre | School careers advisor |
| feedback | Current student | Agent |
| _ | Local advertisement: (Please specify) | |
| Your | Other: (Please specify) | |

Payment terms, withdrawal and refund policy

All requests to withdraw from the program must be in writing on the official withdrawal form available from New Zealand Tertiary College.

| Domestic Students | | |
|---|---|---------------------------------------|
| Prior to the first course starting | 0-8 calendar days into the first course | 9 days into the first course |
| Refunds for domestic students will be in full less 10% or \$500 (non refundable deposit) whichever is the lesser. | Refunds for domestic students will be in full less 10% or \$500 (non refundable deposit) whichever is the lesser. | No refund |
| International Students | | |
| Prior to the first course starting | 0-10 working days into the first course | 11 working days into the first course |
| Refunds for international students will be in full minus 25% of tuition fees received. | Refunds for international students will be in full minus 25% of tuition fees received. | No refund |

Please note: Refunds on compassionate grounds may be granted at the discretion of the Chief Executive.

Safeguarding tuition fees

In the unlikely event that New Zealand Tertiary College is unable to deliver the program you have enrolled in, New Zealand Tertiary College has protected your fees with Public Trust. Fees deposited and protected by the Public Trust are held in the Common fund which has an unsecured guarantee from the New Zealand Government. The student fee protection for New Zealand Tertiary College is fully compliant with NZQA rules. Should access to your fees be necessary, you may contact Public Trust on 0800 494 733 or eMail feeprotect@publictrust.co.nz. This arrangement has been accepted by the New Zealand Qualification Authority as meeting the requirements of the Education Act 1989 and the Student Fee Protection Rules 2013.

IRD number collection for student loan interest write-off

| Do you currently have or will you have a student loan this year? | Yes | No |
|---|-------|----|
| If you answered yes to a student loan, please Insert your IRD num | nber: | |
| | | |

Interest Free student loans and other interest write-offs

If you have a student loan, or anticipate applying for one this year, you may be entitled to have the interest on your loan written off for the period of study.

On 1st April 2006, legislation was introduced to make student loans interest free for borrowers living in New Zealand. For more information on how to become eligible for interest free student loans, visit www.ird.govt.nz/studentloans.

Entering your IRD number is voluntary. If you choose to provide an IRD number on this enrolment form this will be included with your enrolment details and will be reported to the New Zealand Ministry of Education. The New Zealand Ministry of Education can share information with Inland Revenue regarding student enrolments.

If you choose not to provide your IRD number you should contact Inland Revenue directly if you think you may be eligible for an interest write-off.

Please note: Supplying your IRD number on this form is not an application for an interest write-off.

Privacy

New Zealand Tertiary College collects and stores information from this form to:

- Manage the business of New Zealand Tertiary College (including internal reporting, administrative processes and selection).
- Comply with the requirements of the Education Act 1989 and other legislation 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 New Zealand Tertiary College 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, please contact New Zealand Tertiary College Enrolments.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires New Zealand Tertiary College to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act which can be viewed on the Privacy Commissioner's web site: http://www.privacy.org.nz/privacy-act.

Supply of Information to Government Agencies and Other Organisations

New Zealand Tertiary College supplies data collected on this form to government agencies, including:

- The Ministry of Education.
- 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, if not already registered, 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, New Zealand Tertiary College 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.

Declaration

Declaration:

Fees – 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. I have read, understood and agree to the New Zealand Tertiary College policy on withdrawal and refund of fees. I understand that my fees will be protected if for any reason New Zealand Tertiary College is unable to continue my tuition.

Rules – In signing this enrolment form you undertake to comply with the published regulations and policies of New Zealand Tertiary College with regard to attendance, academic integrity and progress, conduct and use of information systems.

Identity - If you have supplied a National Student Index number on this enrolment form, and your NSI status is Active, you are deemed to have declared that you are the legitimate owner of the claimed identity.

I understand that all documents supplied as part of this application will remain the property of New Zealand Tertiary College and will not be returned.

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.

I confirm I have read the New Zealand Tertiary College prospectus and understand the study requirements of my chosen program and mode of study.

| Applicant's signature: | | | | |
|------------------------|--|--|--|--|
| Print name in full: | | | | |
| Date: | | | | |
| For office use only: | | | | |
| NZTC Signature: | | | | |
| Name: | | | | |

Statutory Information

As required, each governing member of New Zealand Tertiary College has submitted to the New Zealand Qualifications Authority (NZQA) a statutory declaration of any material conflicts of interest, and any interest that the person has in organisations in the education or immigration sector that provides goods or services to tertiary students.

Trustees of the Living and Learning Family Centres Foundation together with directors of Kindercare Learning Centres Ltd. are governing members of New Zealand Tertiary College. These organisations support field practice experiences for students.

New Zealand Tertiary College charges no student services fees over and above the fees advertised.

Consent to Disclose Information Form New Zealand Tertiary College



IMPORTANT: Please send this form with your New Zealand Tertiary College application form to: New Zealand Tertiary College, PO Box 17143, Greenlane, Auckland 1051

| | (Surname) | | (Fore names) |
|---------------|-------------------------------------|---|--------------|
| | | (Maiden or other names used) | |
| | | | |
| ender: | Male Female | Date and place of birth: | |
| ationality: | | Residential address: | |
| uburb: | | City: | |
| Z Drivers Li | cense number: | | |
| gned: | ninal records (Clean Slate) Ad | Dated: | |
| OLICE COM | IMENTS: | | |
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| lease note: | Should you have any queries please | phone New Zealand Tertiany College on ±64 | 9.520.4000 |
| lease note: S | Should you have any queries, please | phone New Zealand Tertiary College on +64 | 9 520 4000. |
| lease note: 5 | Should you have any queries, please | phone New Zealand Tertiary College on +64 | 9 520 4000. |
| lease note: 5 | Should you have any queries, please | phone New Zealand Tertiary College on +64 | 9 520 4000. |

Centre Statement of Student Support (page 1)

Centre Statement of Student Support

(For Field Based and Distance Learning students only)



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| Student name: | | | |
|---|---|--|--|
| Centre details | | | |
| Centre name: | | | |
| Name of Centre owner: | | | |
| Centre street address: | | | |
| | | | |
| Centre postal address: (If different from above) | | | |
| | | | |
| Centre phone: | Centre fax: | | |
| Centre eMail: | | | |
| Centre opening hours: | | | |
| Associate Teacher | | | |
| registration. An Associate Teache | to have a minimum Diploma of Teaching (ECE) or equivalent qualification and hold full New Zealand teacher r is a person in an early childhood centre who provides support and guidance for students during the minimum tary) in their home centre and during the students home centre field practice. | | |
| Name of Associate Teacher | : | | |
| eMail address: | | | |
| Qualification of Associate | Teacher: | | |
| Please attach a copy of your quali | fication to this form, unless a copy has been previously forwarded to New Zealand Tertiary College. | | |
| NZ Teacher Council registr | ation number: | | |
| NZ Teachers Council practising certificate expiry date: | | | |
| | | | |
| Associate Teacher Signatur | e: | | |
| Date: | | | |
| Please note: Associate Teachers are required to complete a New Zealand Tertiary College Associate Teacher Application Form. If you have not previously submitted an Associate Teacher Application Form, please complete the form included in this application. | | | |

Continued over page © New Zealand Tertiary College v.13.4

Centre Statement of Student Support (page 2)

Declaration

- I accept the New Zealand Teachers Council requirements that while students may be counted as part of the teacher: child ratio during their home centre field practice placement **this does not apply** when participating in triadic disscussions with the visiting lecturer and the Associate Teacher.
- I have read the New Zealand Tertiary College prospectus and understand the study requirements of the students chosen program and mode of study at New Zealand Tertiary College.
- I am prepared to assist the student to complete their study requirements in this centre. I am prepared to enable the student to attend any required classes, field practice and distance learning block course as outlined in the prospectus for the students chosen mode of study.

| Signature of Centre owner: Date: |
|---|
| Wait! Before returning this form, please check that you have: Read the New Zealand Tertiary College Prospectus (If this document does not accompany this form, contact New Zealand Tertiary College for a copy). Completed all sections of the form Attached a copy of the associate teachers qualifications (Minimum qualification of Diploma of Teaching (ECE)) Completed the Associate Teacher Application Form (if not previously submitted by the norminated Associated Teacher) Signed and dated this form Should you have any queries, please phone New Zealand Tertiary College on +64 9 520 4000 |
| Please return to: New Zealand Tertiary College PO Box 17143 Greenlane Auckland 1051 New Zealand |
| New Zealand Tertiary College office use only: Centre approval Centre eMail address |
| Associate Teacher qualification received Associate Teacher Application received Associate Teacher registration number verified online (http://www.teacherscouncil.govt.nz/rt/onlineregister.stm) Associate Teacher registration number, status and expiry date entered |
| Name of staff member: Date: |

Associate Teacher Application

Associate Teacher Application



| | TERTIARY COLLEGES GROUP |
|--|--|
| Name of Associate Teacher: | |
| Associate Teacher eMail address: | |
| Qualification: | |
| (Please attach a copy of your qualification t | o this form, unless a copy has been previously forwarded to New Zealand Tertiary College). |
| NZ Teacher Council registration nu | mber: |
| | |
| NZ Teachers Council practising cert | |
| Zealand teacher registration. An Associate | ired to have a minimum Diploma of Teaching (ECE) or equivalent qualification and hold full New Teacher is a person in an early childhood centre who provides support and guidance for students id or voluntary) in their home centre and during the students home centre field practice. |
| Centre details | |
| Name: | |
| Street address: | |
| | |
| | |
| Centre eMail: | |
| | |
| Associate Teacher Declaration | |
| In signing this document, I: | |
| 1. Confirm that the above details | are correct and that I hold full New Zealand teacher registration. |
| | rtiary College prospectus, understand the study requirements and am prepared College students to complete the study requirements. |
| | ts to attend any required classes, field practice and distance learning block pectus for each mode of study. |
| teacher:child ratio during their | ry College requirements that while students may be counted as part of the home centre field practice placement this does not apply when participating in evisiting lecturer and the Associate Teacher. |
| 5. Am aware that Associate Teach remunerated by the College. | ners supporting students on home centre field practice placements will not be |
| | out of home field practice placements by: |
| <u> </u> | about the centre to assist the students to complete field practice requirements. |
| | s suitable times to meet for advice and guidance. Redback to students regarding their teaching practice as required. |
| = | cussion with the student and New Zealand Tertiary College Lecturer during the |
| • | up requirements to complete their field practice placement. |
| | elopment offered by the New Zealand Tertiary College when possible. |
| Associate Teacher Signature: | |
| Date: | |

Referee Report (page 1)

Professional Referee Report



The person completing this referee report must know the applicant in a professional capacity for at least 6 months

Thank you for agreeing to complete this referee report. This referee report asks for you to comment on questions relating to the applicant's suitability to undertake an early childhood teacher education program. We would appreciate your honesty to enable the Selection Panel to accurately assess the applicant. All comments will be treated confidentially.

| Name of applicant: |
|---|
| Name of referee: |
| Home address of referee: |
| Contact numbers of referee: |
| Home: Work: |
| Mobile: |
| I am confident I know the applicant well enough to complete this report. |
| If no, please return the form to New Zealand Tertiary College at the address noted on the reverse of this form. |
| Please indicate the length of time you have known the applicant: |
| 2. Describe the capacity in which you have known the applicant: (eg. Employer, minister, kaumatua, colleague etc). |
| 3. Describe your knowledge of the applicant's academic ability / performance: |
| |
| |
| 4. Describe and provide examples of the applicant's most significant personal qualities. Examples should demonstrate each quality identified. |
| |
| 5. Describe the applicant's degree of involvement in activities such as spiritual, cultural, sporting, community and family pursuits. Comment on level of expertise reached and inter-personal relationships. |
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| dedication; and d | honesty; reliability; sensitivity; compassion; respect for others; imagination; enthusia communication. the applicant demonstrates the personal qualities required to work with children? No |
|--|--|
| 7. Please list circun | nstances where you have observed the applicant with children in the 0-8 year old age ran port, responsiveness, control and behaviour management style observed in each circumstance |
| | |
| | olicant's awareness of, and commitment to social issues. Eg. Understanding and tolerance s, values and beliefs. |
| 9. Do you consider | the applicant has the stamina and health to work with young children? |
| | pecial circumstances the Selection Panel needs to be aware of before selecting this applicant hing young children? |
| 11. Recommendati I recommend teacher progra | this applicant without reservation as an excellent prospect to commence an early childho |
| | s, but believe with work and commitment this applicant could succeed. licant is unsuitable to teach young children and to engage in the career path of early childhoo ion. |
| 12. Additional com | |
| | |
| | e contacted for additional information and clarification if necessary. Yes to NZTC sharing the information you have provided with the applicant? Yes |
| Referee signature: | Date: |
| Should you have an | queries, please phone NZTC on +64 9 520 4000 |
| Please return to: | New Zealand Tertiary College PO Box 17143 Greenlane Auckland 1051 |

Referee Report



The person completing this referee report must know the applicant for at least 6 months

Thank you for agreeing to complete this referee report. This referee report asks for you to comment on questions relating to the applicant's suitability to undertake an early childhood teacher education program. We would appreciate your honesty to enable the Selection Panel to accurately assess the applicant. All comments will be treated confidentially. Name of applicant: Name of referee: Home address of referee: Contact numbers of referee: Work: Home: Mobile: Yes No I am confident I know the applicant well enough to complete this report. If no, please return the form to New Zealand Tertiary College at the address noted on the reverse of this form. 1. Please indicate the length of time you have known the applicant: 2. Describe the capacity in which you have known the applicant: (eg. Personal friend, employer, minister, kaumatua, colleague etc). 3. Describe your knowledge of the applicant's academic ability / performance: 4. Describe and provide examples of the applicant's most significant personal qualities. Examples should demonstrate each quality identified. 5. Describe the applicant's degree of involvement in activities such as spiritual, cultural, sporting, community and family pursuits. Comment on level of expertise reached and inter-personal relationships.

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| dedication; and c | honesty; reliability; sensitivity; compassion; respect for others; imagination; enthusia communication. the applicant demonstrates the personal qualities required to work with children? |
|-------------------------------------|--|
| Yes | No |
| | nstances where you have observed the applicant with children in the 0-8 year old age range or or, responsiveness, control and behaviour management style observed in each circumstance |
| | |
| | olicant's awareness of, and commitment to social issues. Eg. Understanding and tolerance s, values and beliefs. |
| | |
| 9. Do you consider | the applicant has the stamina and health to work with young children? |
| | pecial circumstances the Selection Panel needs to be aware of before selecting this applicant hing young children? |
| 11. Recommendation | |
| I recommend teacher program | this applicant without reservation as an excellent prospect to commence an early childhom of study. |
| I have concerns | s, but believe with work and commitment this applicant could succeed. |
| I think this appl teacher educat | licant is unsuitable to teach young children and to engage in the career path of early childhoo ion. |
| 12. Additional com | ments: |
| | |
| | e contacted for additional information and clarification if necessary. Yes to NZTC sharing the information you have provided with the applicant? Yes |
| · | |
| Referee signature: | Date: |
| Should you have any | y queries, please phone NZTC on +64 9 520 4000 |
| Please return to: | New Zealand Tertiary College PO Box 17143 Greenlane Auckland 1051 New Zealand |

Please check that you have answered all questions in the application form. Omissions may result in a delay of your application.

Please note: Verified copies mean that the original document must be sighted, and the copy signed as being a true and accurate copy by an authorised person, including Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register or Deputy Registrar, Member of Parliament, Land Transport New Zealand, Public Trust, Education Agent or New Zealand Tertiary College staff member.

To qualify as a domestic student, and so be entitled to the Government tuition subsidy, you must be a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) or a permanent resident of New Zealand or a citizen or permanent resident of Australia residing in New Zealand. You must provide evidence of citizenship or permanent residency and to do so you must produce one of the following:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.
- Australian learners who are living in New Zealand must supply one of the following documents: birth certificate, Australian passport, current Returning Resident's Visa if you are an Australian permanent resident.

Please note that your name, date of birth and residency as entered on this enrolment form will be included in the National Student Index, if not already registered and will be used in an Authorised Information Matching programme with the New Zealand Birth Register.

| Hav | e you: |
|-----|--|
| | answered all questions? |
| | completed the consent to disclose information form? |
| | completed the centre statement of student support form (must be signed by the centre manager)? |
| | attached referee reports, or referee reports have been given to referees to complete and forward to New Zealand Tertiary College? |
| | signed your application? |
| | attached a verified copy of your birth certificate, passport or whakapapa? |
| | attached a verified copy of your citizenship, residence permit or study visa if you were not born in New Zealand, Cook Island, Niue, Tokelau or Australia? |
| | attached a verified copy of proof of name change (if applicable)? |
| | attached a verified copy of official transcripts of your academic record for all qualifications? |
| | attached a verified copy of your NZQA assessment for any qualifications completed outside New Zealand? |
| | attached a verified copy of your Academic IELTS test result (if required)? |
| | eMailed a passport sized photo to photo@nztertiarycollege.ac.nz along with your full name and date of birth? |



New Zealand Tertiary College PO Box 17143 Greenlane Auckland 1051 www.nztertiarycollege.ac.nz

