

ECUMENICAL INSTITUTE OF DISTANCE THEOLOGICAL STUDIES



Enrolment Form 2007

Welcome to EIDTS

P.O.Box 12-286, Christchurch.

*phone 03 338-0363
0800 667 969*

*email : eidts@xtra.co.nz
fax : 03 339-0124*

Please print your full name: Family:

Given name(s):.....

Preferred first name.....

Previous name(s) known by.....

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

INSTRUCTIONS

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and registration reasons. Please fill in the form properly by,

- Completing **all** sections of the form. Please print your answers clearly in pen, or by ticking the box that applies for multi-choice questions.
- Signing the form.
- Attaching to the form additional documentation that is required for Ministry of Education funding purposes. A description of the required documentation is provided on page 5 of the form.

A QUALIFICATION

1	Please indicate the qualification for which you wish to enrol in 2007.	<i>LTh Diploma</i> <input type="checkbox"/> <i>Assoc Diploma</i> <input type="checkbox"/> <i>Ministry Cert</i> <input type="checkbox"/> <i>Ministry Dip</i> <input type="checkbox"/> <i>Stand Alone Cert</i> <input type="checkbox"/>	<i>Office Use</i>
	Qualification Start Date:	Qualification End Date (if known):	
2	Have you studied at EIDTS before? If you answered "yes", what was your ID number?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Where did you hear about EIDTS?		
3	Do you intend to study:	<i>Part time</i> <input type="checkbox"/> <i>Full time</i> <input type="checkbox"/>	
	Please enter the names(s) of the courses you wish to enrol in for 2007:		

B PERSONAL DETAILS

4	Denomination (Optional)							
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>Rev</i> <input type="checkbox"/>	<i>Other (Specify):</i>	
6	Date of birth:	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	7	Gender:	<i>Male</i> <input type="checkbox"/>	<i>Female</i> <input type="checkbox"/>
		<i>day</i>	<i>month</i>	<i>year</i>				

8	If you know your NSN (National Student Number), please write it here:	□□□□-□□□□-□□□□																																																																								
9	<p>Citizenship and Residency:</p> <p>You may need to supply evidence of residence or citizenship</p>	<p>Tick the box which best describes your citizenship or permanent residency status.</p> <p><i>New Zealand Citizen</i> <input type="checkbox"/> NZL <i>Australian Citizen</i> <input type="checkbox"/> AUS <i>New Zealand Permanent Resident</i> <input type="checkbox"/> NZP <i>Other</i> <input type="checkbox"/></p> <p>Please specify if "Other":</p> <hr/> <p>(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)</p> <p>If you ticked "Other", please also specify your fee/assistance status.</p> <p><i>NZAID Scholarship (incl. Aotearoa, short-term training, and post-graduate)</i> <input type="checkbox"/> 01 <i>Full Fee Paying Foreign Student</i> <input type="checkbox"/> 03 <i>Exchange Scheme approved by Ministry of Education</i> <input type="checkbox"/> 04 <i>Foreign Research Based Post-Graduate</i> <input type="checkbox"/> 06 <i>Military Personnel, Diplomatic Staff or Family, or Persons Associated with Operation Deep Freeze</i> <input type="checkbox"/> 08</p> <p>During your time studying for this qualification will you be resident in New Zealand or overseas?</p> <p><i>In New Zealand</i> <input type="checkbox"/> <i>Overseas</i> <input type="checkbox"/></p>																																																																								
10	<p>Ethnicity: What ethnic group(s) do you belong to?</p> <p>You may tick up to three boxes, which apply to you.</p>	<table border="0"> <tr> <td><i>NZ European/Pakeha</i></td> <td><input type="checkbox"/> 111</td> <td><i>Filipino</i></td> <td><input type="checkbox"/> 411</td> </tr> <tr> <td><i>New Zealand Māori</i></td> <td><input type="checkbox"/> 211</td> <td><i>Cambodian</i></td> <td><input type="checkbox"/> 412</td> </tr> <tr> <td><i>Samoan</i></td> <td><input type="checkbox"/> 311</td> <td><i>Vietnamese</i></td> <td><input type="checkbox"/> 413</td> </tr> <tr> <td><i>Cook Island Māori</i></td> <td><input type="checkbox"/> 321</td> <td><i>Other Southeast Asian</i></td> <td><input type="checkbox"/> 414</td> </tr> <tr> <td><i>Tongan</i></td> <td><input type="checkbox"/> 331</td> <td><i>Chinese</i></td> <td><input type="checkbox"/> 421</td> </tr> <tr> <td><i>Niue</i></td> <td><input type="checkbox"/> 341</td> <td><i>Indian</i></td> <td><input type="checkbox"/> 431</td> </tr> <tr> <td><i>Tokelauen</i></td> <td><input type="checkbox"/> 351</td> <td><i>Sri Lankan</i></td> <td><input type="checkbox"/> 441</td> </tr> <tr> <td><i>Fijian</i></td> <td><input type="checkbox"/> 361</td> <td><i>Japanese</i></td> <td><input type="checkbox"/> 442</td> </tr> <tr> <td><i>Other Pacific Peoples</i></td> <td><input type="checkbox"/> 371</td> <td><i>Korean</i></td> <td><input type="checkbox"/> 443</td> </tr> <tr> <td><i>British/Irish</i></td> <td><input type="checkbox"/> 121</td> <td><i>Other Asian</i></td> <td><input type="checkbox"/> 444</td> </tr> <tr> <td><i>Dutch</i></td> <td><input type="checkbox"/> 122</td> <td><i>Middle Eastern</i></td> <td><input type="checkbox"/> 511</td> </tr> <tr> <td><i>Greek</i></td> <td><input type="checkbox"/> 123</td> <td><i>Latin American</i></td> <td><input type="checkbox"/> 521</td> </tr> <tr> <td><i>Polish</i></td> <td><input type="checkbox"/> 124</td> <td><i>African</i></td> <td><input type="checkbox"/> 531</td> </tr> <tr> <td><i>South Slav</i></td> <td><input type="checkbox"/> 125</td> <td><i>Other</i></td> <td><input type="checkbox"/> 611</td> </tr> <tr> <td><i>Italian</i></td> <td><input type="checkbox"/> 126</td> <td><i>Not Stated</i></td> <td><input type="checkbox"/> 999</td> </tr> <tr> <td><i>German</i></td> <td><input type="checkbox"/> 127</td> <td></td> <td></td> </tr> <tr> <td><i>Australian</i></td> <td><input type="checkbox"/> 128</td> <td></td> <td></td> </tr> <tr> <td><i>Other European</i></td> <td><input type="checkbox"/> 129</td> <td></td> <td></td> </tr> </table> <p>Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other".</p>	<i>NZ European/Pakeha</i>	<input type="checkbox"/> 111	<i>Filipino</i>	<input type="checkbox"/> 411	<i>New Zealand Māori</i>	<input type="checkbox"/> 211	<i>Cambodian</i>	<input type="checkbox"/> 412	<i>Samoan</i>	<input type="checkbox"/> 311	<i>Vietnamese</i>	<input type="checkbox"/> 413	<i>Cook Island Māori</i>	<input type="checkbox"/> 321	<i>Other Southeast Asian</i>	<input type="checkbox"/> 414	<i>Tongan</i>	<input type="checkbox"/> 331	<i>Chinese</i>	<input type="checkbox"/> 421	<i>Niue</i>	<input type="checkbox"/> 341	<i>Indian</i>	<input type="checkbox"/> 431	<i>Tokelauen</i>	<input type="checkbox"/> 351	<i>Sri Lankan</i>	<input type="checkbox"/> 441	<i>Fijian</i>	<input type="checkbox"/> 361	<i>Japanese</i>	<input type="checkbox"/> 442	<i>Other Pacific Peoples</i>	<input type="checkbox"/> 371	<i>Korean</i>	<input type="checkbox"/> 443	<i>British/Irish</i>	<input type="checkbox"/> 121	<i>Other Asian</i>	<input type="checkbox"/> 444	<i>Dutch</i>	<input type="checkbox"/> 122	<i>Middle Eastern</i>	<input type="checkbox"/> 511	<i>Greek</i>	<input type="checkbox"/> 123	<i>Latin American</i>	<input type="checkbox"/> 521	<i>Polish</i>	<input type="checkbox"/> 124	<i>African</i>	<input type="checkbox"/> 531	<i>South Slav</i>	<input type="checkbox"/> 125	<i>Other</i>	<input type="checkbox"/> 611	<i>Italian</i>	<input type="checkbox"/> 126	<i>Not Stated</i>	<input type="checkbox"/> 999	<i>German</i>	<input type="checkbox"/> 127			<i>Australian</i>	<input type="checkbox"/> 128			<i>Other European</i>	<input type="checkbox"/> 129		
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11	<p>Iwi:</p> <p>If you identified as New Zealand Māori in question 10, what is the name of your Iwi?</p> <p>You may enter more than one Iwi. If you do not know your Iwi, please enter 'Don't Know'.</p>	<p>Iwi: <i>Rohe (Iwi home area):</i></p> <p>Iwi: <i>Rohe (Iwi home area):</i></p> <p>Iwi: <i>Rohe (Iwi home area):</i></p>																																																																								

12	Prior activity:	<p>What was your MAIN activity or occupation in New Zealand at 1 October 2006? You may tick only one box.</p> <table border="0"> <tr> <td>Secondary school student</td> <td><input type="checkbox"/></td> <td>01</td> <td>Non-employed or beneficiary (excluding retired)</td> <td><input type="checkbox"/></td> <td>02</td> </tr> <tr> <td>Wage or salary worker</td> <td><input type="checkbox"/></td> <td>03</td> <td>Self-employed</td> <td><input type="checkbox"/></td> <td>04</td> </tr> <tr> <td>University student</td> <td><input type="checkbox"/></td> <td>05</td> <td>Polytechnic student</td> <td><input type="checkbox"/></td> <td>06</td> </tr> <tr> <td>College of Education student</td> <td><input type="checkbox"/></td> <td>07</td> <td>House-person or retired</td> <td><input type="checkbox"/></td> <td>08</td> </tr> <tr> <td>Overseas (irrespective of occupation)</td> <td><input type="checkbox"/></td> <td>09</td> <td>Private Training Establishment student</td> <td><input type="checkbox"/></td> <td>11</td> </tr> <tr> <td>Wānanga student</td> <td><input type="checkbox"/></td> <td>12</td> <td></td> <td></td> <td></td> </tr> </table>		Secondary school student	<input type="checkbox"/>	01	Non-employed or beneficiary (excluding retired)	<input type="checkbox"/>	02	Wage or salary worker	<input type="checkbox"/>	03	Self-employed	<input type="checkbox"/>	04	University student	<input type="checkbox"/>	05	Polytechnic student	<input type="checkbox"/>	06	College of Education student	<input type="checkbox"/>	07	House-person or retired	<input type="checkbox"/>	08	Overseas (irrespective of occupation)	<input type="checkbox"/>	09	Private Training Establishment student	<input type="checkbox"/>	11	Wānanga student	<input type="checkbox"/>	12			
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13	<p>¹Disability: Do you live with the effects of significant injury, long term illness, or disability? The information you supply is confidential. If yes, how would you describe your impairment, disability or long term medical condition:</p>		Yes <input type="checkbox"/>	No <input type="checkbox"/>																																			
Would you be agreeable to your tutor being informed of your disability?		Yes <input type="checkbox"/>	No <input type="checkbox"/>																																				
C ACADEMIC INFORMATION																																							
14	Secondary School:	<p>What was the name of the last secondary school you attended? State "overseas", if applicable.</p> <hr/>		Office Use																																			
		<p>What was your last year at secondary school? <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>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 Learning shows you how many credits you have. Tick only one box.</p> <table border="0"> <tr> <td>No formal secondary qualifications</td> <td><input type="checkbox"/></td> <td>00</td> </tr> <tr> <td>14 or more credits at any level</td> <td><input type="checkbox"/></td> <td>11</td> </tr> <tr> <td>NCEA Level 1 or School Certificate</td> <td><input type="checkbox"/></td> <td>12</td> </tr> <tr> <td>NCEA Level 2 or 6th Form Certificate</td> <td><input type="checkbox"/></td> <td>13</td> </tr> <tr> <td>University Entrance</td> <td><input type="checkbox"/></td> <td>14</td> </tr> <tr> <td>NCEA Level 3 or Bursary or Scholarship</td> <td><input type="checkbox"/></td> <td>15</td> </tr> <tr> <td>Overseas qualification (includes International Baccalaureate & Cambridge Exams)</td> <td><input type="checkbox"/></td> <td>09</td> </tr> <tr> <td>Other</td> <td><input type="checkbox"/></td> <td>98</td> </tr> <tr> <td>Not Known</td> <td><input type="checkbox"/></td> <td>99</td> </tr> </table> <p>Please specify if "Overseas qualification" or "Other".</p>			No formal secondary qualifications	<input type="checkbox"/>	00	14 or more credits at any level	<input type="checkbox"/>	11	NCEA Level 1 or School Certificate	<input type="checkbox"/>	12	NCEA Level 2 or 6 th Form Certificate	<input type="checkbox"/>	13	University Entrance	<input type="checkbox"/>	14	NCEA Level 3 or Bursary or Scholarship	<input type="checkbox"/>	15	Overseas qualification (includes International Baccalaureate & Cambridge Exams)	<input type="checkbox"/>	09	Other	<input type="checkbox"/>	98	Not Known	<input type="checkbox"/>	99								
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15	Tertiary Study:	<p>Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments in STAR, community or hobby classes.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered "No", please enter the name of the organisation you studied at and the year of your first enrolment:</p> <p>Name:.....</p> <p>Year: <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <hr/> <p>Do you expect to complete the academic requirements of your course/s in order to graduate with your qualification this year? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>Are you currently studying with another tertiary institution? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes" please name the Institution.....</p> <p>Do you hold other qualifications? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If "yes" please state qualifications.....</p>
D IRD NUMBER COLLECTION FOR STUDENT LOAN INTEREST WRITE-OFF		
16	<p>Do you currently have or will you have a Student Loan this year?</p> <p><input type="checkbox"/> - No – please go to the next section</p> <p><input type="checkbox"/> - Yes – please insert your IRD number (see notes for more information on interest write-off)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>-<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>-<input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Interest Free Student Loans and other Interest Write-offs</p> <p>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.</p> <p>On 1 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.</p> <p>If you choose to provide your IRD number on the enrolment form this will be included with your enrolment details and will be reported to the Ministry of Education. The Ministry of Education will send your study information to Inland Revenue to check if you are eligible for an interest write-off and adjust your student loan account automatically.</p> <p>Completing your IRD number is voluntary. 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.</p> <p>Please Note: Completing your IRD number on this form is not an application for an interest write-off. If the information you provide is incorrect and can't be matched no write-off will occur. You will not be contacted directly in that event but you may contact Inland Revenue for more information.</p>	

G CONTACT DETAILS			
19	Address and contact details:	<i>Home Address:</i>	<i>Postal Address: (if different from home address)</i>
		<i>Phone:</i>	<i>Mobile:</i>
		<i>Fax:</i>	<i>Email:</i>
	Next of Kin:	<i>Name:</i>	<i>Phone:</i>
DECLARATION			
<p>Privacy – EIDTS collects and stores information from this form to comply with the 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), Inland Revenue Department (student loan interest rebate), Department of Immigration (if you are not a New Zealand citizen or permanent resident) and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards). The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.</p> <p>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).</p> <p>In signing this enrolment form you authorise such disclosure on the understanding that the Organisation 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 Academic Registrar, P.O. Box 12-286, Christchurch.</p> <p>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 Organisation 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/privacy-act</p> <p>Health and Safety – Students studying from their own homes, or sites of their own choice, will be responsible to see that those premises comply with all requirements under Health and Safety Regulations.</p> <p>Payment of Fees – In signing this enrolment form you undertake to pay all fees at the time of registration unless otherwise arranged with the Academic Registrar. The Institute's policy on withdrawal and refund is set out in the Handbook.</p> <p>Regulations – I agree to abide by the Regulations as set out in the EIDTS 2007 Handbook.</p> <p>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.</p> <p>_____ / ____ / ____ <i>Signature</i> <i>Date</i></p>			

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

<i>Office Use Only</i>		<small>Version 4.1 Designed by Meta Office with Take2 Users in Mind</small>
Enrolment received	Payment received	Documentation Approved
_____ / ____ / ____	_____ / ____ / ____	_____ / ____ / ____
Class entered	Late enrolment start and end date	
_____ / ____ / ____	_____ / ____ / ____ _____ / ____ / ____	