

ENROLMENT FORM



Lifeskills
Training + Education

Instructions

Thank you for your interest. The purpose of this enrolment form is to obtain the required information to enrol you into a programme at Lifeskills Training and Education Limited. We also need to collect information which is required by the Ministry of Education and other Government organisations for statistical and administrative purposes.

Please read the instructions below before you continue with this enrolment form.

- Complete all **blue** sections.
- Print your answers clearly in blue or black pen, and by ticking the box that applies for multi-choice questions.
- Sign and date the Learner Declaration section on page 4.
- Attach proof of your New Zealand Citizenship or Residency or other identity documents required to confirm eligibility.

PROGRAMME DETAILS (office use only)					
PROGRAMME AND LEVEL					
QUALIFICATION AND LEVEL					
FUNDING TYPE					
FEES	<input type="checkbox"/> Zero		<input type="checkbox"/> Fees		
PREVIOUS STUDENT	Yes	No	STATUS	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
NZQA NSI NUMBER			CAMPUS	Please Select Campus	

STUDENT DETAILS						
TITLE	<input type="checkbox"/> Mr	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr	<input type="checkbox"/> Other: _____
GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Another Gender	DATE OF BIRTH		
FIRST NAME						
LAST NAME						
MIDDLE NAME(s)						
PREVIOUS NAME(s)						
PREFERRED NAME						
IRD Number (optional & only used for fees free)						

CITIZENSHIP and RESIDENCY			
COUNTRY OF CITIZENSHIP			COUNTRY OF BIRTH
We must verify your eligibility for enrolment as a valid domestic enrolment. All learners studying with Skills Update under TEC funding must provide verification of their New Zealand Citizenship or New Zealand Residency status.			
STATUS	<input type="checkbox"/> NZ Citizen	<input type="checkbox"/> NZ Permanent Residence	<input type="checkbox"/> Australian Citizen/Resident
We accept the documents in the table below.			
New Zealand Citizens	New Zealand Residents	Australian Citizens or Australian permanent residents	
<ul style="list-style-type: none"> • Birth Certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue. • New Zealand Passport. • New Zealand Certificate of Citizenship. • A statement of Whakapapa, including date of birth, countersigned by a kaumatua. 	<ul style="list-style-type: none"> • Passport with a current residency class visa (label). • Passport and letter, or email confirming current returning residency class visa. • A certificate of identity from Immigration New Zealand. 	<ul style="list-style-type: none"> • Australian Birth Certificate issued before 20 August 1986. • Australian Passport. • Passport with a current Australian resident return visa. 	

During your time studying at Lifeskills, do you plan to leave New Zealand or take extended leave for more than 2 weeks at any point?	<input type="checkbox"/> Yes (specify below)	<input type="checkbox"/> No

ETHNICITY

WHICH ETHNIC GROUP(S) DO YOU BELONG TO? YOU MAY TICK UP TO THREE OPTIONS.

<input type="checkbox"/> NZ European	<input type="checkbox"/> Other Pacific Peoples*	<input type="checkbox"/> Australian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> NZ Māori	<input type="checkbox"/> British and Irish	<input type="checkbox"/> Other European*	<input type="checkbox"/> Japanese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Dutch	<input type="checkbox"/> Filipino	<input type="checkbox"/> Korean
<input type="checkbox"/> Cook Island Māori	<input type="checkbox"/> Greek	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Other Asian*
<input type="checkbox"/> Tongan	<input type="checkbox"/> Polish	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Niue	<input type="checkbox"/> South Slav	<input type="checkbox"/> Other Southeast Asian*	<input type="checkbox"/> Latin American
<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Italian	<input type="checkbox"/> Chinese	<input type="checkbox"/> African
<input type="checkbox"/> Fijian	<input type="checkbox"/> German	<input type="checkbox"/> Indian	<input type="checkbox"/> Other*

IF YOU IDENTIFY AS MĀORI, WHAT IS THE NAME OF YOUR IWI(S)?

***SPECIFY IF YOU TICKED 'Other Pacific peoples', 'Other European', 'Other Southeast Asian', or 'Other Asian', or 'Other'**

CONTACT DETAILS

MOBILE PHONE NO.	HOME PHONE NO.
EMAIL ADDRESS	

HOME ADDRESS

STREET NUMBER	STREET NAME		
SUBURB	CITY/TOWN	POST CODE	

MAILING ADDRESS (if different from above)

STREET NUMBER	STREET NAME		
SUBURB	CITY/TOWN	POST CODE	

EMERGENCY CONTACT DETAILS (Primary Contact Person)

NAME	RELATION TO YOU
PHONE NUMBER	EMAIL ADDRESS
ADDRESS	

EMERGENCY CONTACT DETAILS (Secondary Contact Person)

NAME	RELATION TO YOU
PHONE NUMBER	EMAIL ADDRESS
ADDRESS	

*We may contact the nominated emergency person, if there is a medical emergency, or there is an immediate risk or serious threat to your health or life, or if there is an uninformed absence of more than 3 days and we are unable to reach you.

SUPPORT NEEDS

DISABILITY: Do you live with the effects of significant injury, long term illness, or disability?	<input type="checkbox"/> Yes (specify below)	<input type="checkbox"/> No
MEDICAL CONDITION: Do you have any medical condition, e.g. allergies, asthma, diabetes?	<input type="checkbox"/> Yes (specify below)	<input type="checkbox"/> No
The information you supply may be used to offer individual disability support. (the information you provide is confidential under the Privacy Act 2020)		

PREVIOUS YEAR ACTIVITY

WHAT WAS YOUR MAIN ACTIVITY AT 1ST OF OCTOBER LAST YEAR? TICK ONE OPTION ONLY.

<input type="checkbox"/> Secondary school student	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Wananga Student
<input type="checkbox"/> Non-employed or beneficiary	<input type="checkbox"/> University student	<input type="checkbox"/> House person or retired
<input type="checkbox"/> Wage or salary worker	<input type="checkbox"/> Polytechnic student	<input type="checkbox"/> Overseas (irrespective of occupation)
<input type="checkbox"/> Private Training Establishment student		

ACADEMIC INFORMATION

NAME OF LAST SECONDARY SCHOOL		
LAST YEAR AT SECONDARY SCHOOL	Provide YYYY format example. 1987	<input type="checkbox"/> Overseas secondary school

WHAT IS THE HIGHEST LEVEL OF ACHIEVEMENT YOU HOLD FROM A SECONDARY SCHOOL? TICK ONE OPTION ONLY.

<input type="checkbox"/> No formal secondary qualifications	<input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship
<input type="checkbox"/> 14 or more credits at any level	<input type="checkbox"/> University Entrance (UE)
<input type="checkbox"/> NCEA Level 1 or School Certificate	<input type="checkbox"/> Overseas Qualification (includes International Baccalaureate and Cambridge Exams or Other*)
<input type="checkbox"/> NCEA Level 2 or 6 th Form Certificate	<input type="checkbox"/> Other (please specify: _____)

Will this be the first time you have ever enrolled in a University, Subsidiaries of Te Pūkenga (Institutes of Technology or Polytechnic), College of Education, Industry Training Organisation, Government Training Establishment, Private Training Establishment or Wānanga either in New Zealand or overseas since leaving school? (Do not include enrolments in community classes)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you answered "No", please enter the name of the organisation you studied at and the year of your first enrolment:
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NAME	YEAR
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Please list all the tertiary qualifications you hold, the month and year you completed each and the tertiary education organisation that it was completed at.

Tertiary education organisation	Qualification	Month and year of completion

MARKETING AND PROMOTIONS

HOW DID YOU HEAR ABOUT LIFESKILLS?

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Website	<input type="checkbox"/> Tik Tok
<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook	<input type="checkbox"/> Word of mouth (family and friends)
<input type="checkbox"/> Google	<input type="checkbox"/> Recruitment officer (Name: _____)	
<input type="checkbox"/> Government organisation (_____)	<input type="checkbox"/> School (_____)	
<input type="checkbox"/> Other _____		

WHY DID YOU CHOOSE TO STUDY WITH US?

COLOUR BLINDNESS (for Electrical enrolments only)

For those intending to become a registered electrical worker in the future.

Colour blindness does not affect your ability to become a registered electrical worker, but you will need to take practicable steps to ensure all work completed meets standards.

DECLARATION	<input type="checkbox"/> I am not colour blind to my knowledge.
	<input type="checkbox"/> I am colour blind and am aware this may add complexities to my future work as a registered electrical worker.
	<input type="checkbox"/> Not applicable. I am not enrolling into an Electrical Engineering or related course.

LEARNER DECLARATION

Declaration - In signing this enrolment form 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 in the next pages, and I consent to the disclosure of personal information as described in those sections.

Fees - In signing this enrolment form I undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. Lifeskills Training and Education Limited's policy on withdrawal and refund of fees may be obtained from our enrolments team.

Rules - In signing this enrolment form I undertake to comply with the published rules and policies of Lifeskills Training and Education Limited's regarding attendance, academic integrity, and progress, conduct and use of information systems.

FULL NAME	
SIGNATURE	DATE

PROVIDER DECLARATION (office use only)

- I declare that this learner meets the eligibility criteria for a place on this programme.
- I have verified that this learner is a New Zealand Citizen or New Zealand Permanent Resident or equivalent eligible for domestic funding.
- I declare that to the best of my knowledge, the information relating to this learner is true and correct.
- I have verified that this learner has signed their learner declarations.

NAME		POSITION	
SIGNATURE		DATE	

REGISTRY DECLARATION (office use only)

- I declare this learner has been created on the Student Management System and enrolled into the programme and available intake.

NAME		STAMP	
SIGNATURE		DATE	

ENROLMENT TERMS AND CONDITIONS

Verified Documents

Copies of all your original documentation attached must be sighted and signed as true and accurate copies of the original by a person authorized to do so, such as a Justice of the Peace or Lawyer or Lifeskills Training and Education Limited authorized agent.

Fees

Course fees paid in advance to Lifeskills Training and Education Limited are held in a Trust Account maintained by the Public Trust, an approved independent trustee owned by the Crown and overseen and managed by the New Zealand Government. This arrangement has been accepted by the New Zealand Qualifications Authority (NZQA) as meeting the requirements of the Education and Training Act 2020 and the NZQA Student Fee Protection Rules 2022.

Withdrawals

Applications for withdrawals from the programme of study must be made in writing to Lifeskills. Email details will be available from the campus you have enrolled.

Programmes that are 3 months or longer in duration:

Withdrawal Period	Refund Amount	Admin Fee*
Early Withdrawal -Within 10% or one month (whichever is earlier) of programme start date. Date stipulated in your offer of place	Fees paid less administration fee	\$250
After 10% or one month (whichever is earlier) of programme start date	No Refund	Nil

*For programmes with zero fees, an invoice for the administration fee will be issued on the acceptance of the early withdrawal. Applicable to students enrolled in level 3 or above programmes.

Programmes that are less than 3 months in duration:

Programme Length	Withdrawal Period	Refund Amount
For programmes of two days or fewer	None	No refund
For programmes of more than two days but under five weeks	Up to the end of two calendar days of the programme commencing	50% of the amount the student paid in respect of the programme
For programmes of five weeks or more but less than three months	Up to the end of the five calendar days of the programme commencing	75% of the amount the student paid in respect of the programme

Refund Account

When a student is entitled to a fees refund, the refund will be made to the source of the fees. If the fee is paid by Studylink or TEC Fees Free Scheme or a Scholarship, the fees will be directly refunded to the source, and you do not need to do anything. We are unable to refund these fees directly to the student or their nominated bank account.

Fees paid using personal funds - refunds are paid directly into your nominated bank account. It may take up to 10 working days for your fees to arrive in your nominated bank account.

Student Declaration

The purpose of the Student Declaration is to make sure that:

- You understand the student fee protection arrangements that have been put in place by us to protect your student fees,
- You understand what happens to any refunds (if there are any) of your student fees if a course closure event occurs; and
- You provide the necessary information about yourself and your student fees.

By signing the Student Declaration, you are agreeing that:

- You are aware that Lifeskills has entered into the Student Fee Protection Static Trust Deed with Public Trust ("Trustee") for the protection of your Student Fees ("Trust Deed").
- You understand that if a course closure event occurs, it will be the Trustee's duty to ensure the correct amounts of any refunds

(if there are any), are distributed to entitled students in accordance with the Trust Deed and the New Zealand Qualifications Authority Policy. As such, your refunds may need to be paid to another school 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).

- You understand that personal information about yourself will be given to the New Zealand Qualifications Authority, the Trustee, and the Auditors of Lifeskills.
- You undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery

I acknowledge and agree that:

If a course closure 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;

- if a course closure event occurs and I owe money to a loan provider (as set out below) 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 alternate provider, directly to that loan provider to the extent required to settle the amount due to the loan provider;
- subject to (a) 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 the Trustee;
- 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 (as set out below) to which the refund should be sent,
- personal information about me and information about my student fees may be supplied by Lifeskills to the Qualifications Authority, Auditor, or the Trustee or by the Trustee or Auditor to the Qualifications Authority,
- my information will be held by Lifeskills
- after the payments contemplated in (a), (b) and (c) above have been made, the trusts on which the Trustee was holding the Trust Fund will have been discharged,
- any interest earned on the Trust Fund prior to payment under (a), (b) or (c) above will vest in and be payable to Lifeskills for its own benefit, and I will have no claim to such interest; terms used in this student acknowledgment shall have the meaning as defined in the Student Fee Protection Static Trust Deed between Lifeskills and the Trustee, a copy of which has been made available to me by Lifeskills (the "Deed").

Programme/ Course Cancellations

Lifeskills Training and Education Limited reserves the right to cancel a programme or course intake where the management has determined that enrolments in the programme are insufficient or due to exceptional circumstances.

Privacy - Lifeskills Training and Education Limited collects and stores information from this form to:

- manage the business of Lifeskills Training and Education Limited (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the [Education and Training Act 2020](#) and other legislation^[1] relating to maintenance of records
- supply information to government agencies and other organisations as set out below.

Student initials

In signing this enrolment form you authorise the disclosure of your personal information on the understanding that Lifeskills Training and Education Limited will comply with the legal requirements in relation to the use and disclosure of personal information, as set out in the Privacy Act 2020, the Education and Training Act 2020 and other relevant legislation. You are entitled to see any information that Lifeskills Training and Education Limited holds about you and request to correct any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act 2020 has the stated aim of protecting the privacy of individuals. It also governs the collection, use, storage, and disclosure of personal information.

The Privacy Act requires Lifeskills Training and Education Limited to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act.

<https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html>

Supply of information to government agencies and other organisations

Lifeskills Training and Education Limited supplies data collected on this form to government agencies, including:

- The Ministry of Education
- 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 (for those who are not New Zealand citizens or permanent residents) and the Ministry of Business, Innovation and Employment
- Agencies which support particular students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

These agencies use the data collected from Lifeskills Training and Education Limited to:

- administer the tertiary education system, including allocating funding and the administration of the Fees-Free and Fees-Free Trades Training initiatives,
- develop policy advice for government, and
- 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 2020.

Data storage - data collected from tertiary education organisations is now stored in the Cloud. Student enrolment and course and qualification completion data is stored in a Microsoft datastore based in Sydney, Australia.

When required by law, Lifeskills Training and Education Limited 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.

Images and Video Disclaimer

- I acknowledge that during my enrolment my image and personality may be captured on photograph, video, or audio.
- Lifeskills Training and Education Limited may use these images, videos, or derived artwork for promotional and other business purposes in print and electronic media.
- I consent to the use of images and/or audio on film, video, photographic or any other form of electronic recording taken of me.
I acknowledge that I do not have copyright of these images and recordings and that ownership of these images and recordings resides with Lifeskills Training and Education Limited.
- I agree and understand that the use or reproduction of any of these images and recordings will be without acknowledgement and without me being entitled to remuneration or compensation.
- I understand and agree that I will notify Lifeskills Training and Education Limited if I decide to withdraw this permission.

Please tick below only if you decline the disclaimer for the use of your images and video. Please note: if you decline the disclaimer, you will assume responsibility for ensuring you are not included in any videos or photographs taken by staff

I decline the Image and Video Disclaimer.

Authorised Representative (Youth Guarantee 16 years and over old)

I hereby appoint the person specified below as my authorised representative. This allows the person to access my personal information including but not limited to attendance, academic progress, receive correspondence, make enquiries and if applicable receive payments (travel allowances) on my behalf. I understand this authority will remain in force until my enrolment including any extensions is complete or I revoke the authority in writing to Lifeskills Training and Education Limited.

REPRESENTATIVE NAME	
RELATION TO YOU	
PHONE NUMBER	
EMAIL ADDRESS	
ADDRESS	

Student Initials

Communications Disclosure Statement

Your contact details are protected under the Privacy Act 2020 and Unsolicited Electronic Messages Act 2007. Lifeskills will only use your mobile phone number and email address for the following:

- General correspondence,
- Reminders,
- Impression surveys to help us improve your experience,
- Class updates (e.g., change of class times),
- Graduate feedback surveys,
- Notification of other courses you may be interested in, and
- Any relevant promotions and marketing communications.

Student Initials

YOUTH GUARANTEE TRAVEL ALLOWANCE FORM

Students enrolling into any of our Youth Guarantee funded programmes are eligible to receive travel allowance which covers costs of transportation. Lifeskills Training and Education Limited will calculate the return cost per day.

STUDENT DETAILS

STUDENT NAME	
QUALIFICATION AND LEVEL	

BANK DETAILS

METHOD OF TRANSPORTATION	<input type="checkbox"/> Private Travel	<input type="checkbox"/> Public Transport (e.g., train/bus)
NAME OF BANK		
NAME OF BANK ACCOUNT HOLDER		
BANK ACCOUNT NUMBER		
I have attached a printed copy of the bank account details.	<input type="checkbox"/> Yes	<input type="checkbox"/> No, I will provide this in person.

LEARNER DECLARATION

I, the student, give permission for my travel allowance to be paid to the nominated bank account above.

I declare that to the best of my knowledge, all the information supplied with this Travel Allowance Form is true and complete.

FULL NAME			
SIGNATURE		DATE	

TRAVEL DETAILS (office use only)

PRIVATE TRAVEL COST PER DAY	Return Distance _____ km's	@30c/km	\$ _____	<input type="checkbox"/> N/A
PUBLIC TRANSPORT COST OF PER DAY				<input type="checkbox"/> N/A
PUBLIC TRANSPORT CARD NUMBER	(Example: A.T HOP Card or similar)			<input type="checkbox"/> N/A
NAME		POSITION		
SIGNATURE		DATE		

YOUTH GUARANTEE PERMISSION FORM

This form must be completed by the student's parent or legal guardian if the student is under 18 years of age at the time of enrolment.

PARENT/GUARDIAN DETAILS			
STUDENT NAME		DATE OF BIRTH	
NAME			
RELATION TO STUDENT	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian	
PHONE NUMBER		EMAIL ADDRESS	
ADDRESS			

MEDICAL INFORMATION			
NAME OF DOCTOR		PHONE NUMBER	
CURRENT ALLERGIES			
CURRENT MEDICAL CONDITIONS			
In case of an emergency, I give permission for any emergency treatment to be administered to the student as deemed necessary, including blood transfusions.			<input type="checkbox"/> Yes
			<input type="checkbox"/> No
COMMENTS (if any)			

PERMISSION FOR TRAVEL	
I give permission for the student to travel on Field Trips organised by Lifeskills Training and Education Limited for the duration of the programme.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

PERMISSION TO USE ELECTRIC TOOLS	
Due to the hazardous nature of hand and electric powered tools, Youth Trainees are not permitted to use these tools without the consent from a parent or guardian. This is applicable to the trade's programmes like automotive, horticulture, hospitality, and construction.	
<input type="checkbox"/> Not Applicable	
I give permission for the student to use all hand and electric powered tools and machinery relevant to the learning and completion of the programme.	<input type="checkbox"/> Yes
	<input type="checkbox"/> No

PARENT/GUARDIAN DECLARATION	
I declare that to the best of my knowledge, all the information supplied with this Youth Permission form is true and complete.	
FULL NAME	
SIGNATURE	DATE