



## ▶ Pre-enrolment Personal Details

Family Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Sex  Male  FemaleHome Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rural Delivery Rapid Number \_\_\_\_\_

Home Phone (0 ) \_\_\_\_\_ Mob (02 ) \_\_\_\_\_

### Course Selections:

Rural North Canterbury

 SALT (Supported Adult Literacy Training) Computing/Business Administration & Employment Skills

West Coast

 Computing/Business Administration & Employment Skills SALT (Supported Adult Literacy Training)

Southern (Otago, Southland, South Canterbury)

 Computing/Business Administration & Employment Skills SALT (Supported Adult Literacy Training)

Work &amp; Income Client No \_\_\_\_\_

Special Requirements \_\_\_\_\_

continue here...

Please enter the name and contact details of a close relation who is not living with you:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### NZ Qualifications Authority

Have you completed any computer unit standards  Yes  No

NZQA NSI or ROL number (if known) \_\_\_\_\_

### Student to complete (With assistance if required)

1. If you have any difficulties with reading, writing, or basic maths skills please give a short explanation

\_\_\_\_\_

\_\_\_\_\_

2. Please state your reasons for wanting to complete this programme. (How does it fit in with your future employment goals?)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The wananga (study camps) are compulsory. Can you confirm that you are able to attend them?

\_\_\_\_\_

continue here...

4. Please confirm that you are able to commit yourself to a minimum of 25 hours of study per week.

\_\_\_\_\_

### Declaration

I declare that I have answered the questions in this pre-enrolment form truthfully. I wish to apply to enrol in the programme that I have selected on this form.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

### WINZ Case Manager to complete:

WINZ Branch \_\_\_\_\_

PO Box \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_

Direct Dial \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Would you like a progress report for this client?  Yes  No

Can you confirm this client's eligibility and suitability for this Training Opportunities programme? If so, please attach the standard letter of referral to Training Opportunities training and a Client Basic Details Report.

### Check List

- Completed details and checked eligibility
- Attached Training Opportunities Letter of referral
- Attached Client Basic Details Report

Signature \_\_\_\_\_

Date \_\_\_\_\_

go to top next section

go to top next section

