

REAP Community Education Enrolment Form

Programme: _____

Name: _____

Address: _____

Cell Phone: _____

Email: _____

Emergency Contact: Name: _____ Phone Number: _____ Relationship: _____



Personal Information: *The following statistical information is a requirement of the Tertiary Education Commission*

Date of Birth: _____ **Gender:** Male Female Diverse

Ethnicity: Māori NZ European Pacific Islander Other _____

Education:

- Left school with no formal qualification
- NCEA Level 1, School Certificate or equivalent
- NCEA Level 2, University Entrance or equivalent
- NCEA Level 3 or higher

Eligibility:

Residential Status:

- NZ or Australian Citizen
- NZ Permanent Resident
- Non-Resident, Work Visa

Proof of residency or citizenship required if not born in NZ

Identification required:

REAP require your National Student Number # _____ to complete your enrolment.

I give permission for REAP to look up my NSN # **if I don't know it**

Permission: YES, I consent to my email address being shared with the class tutor for the purpose of sharing learning resources and information. Photos may be taken of activities.

YES, I consent to the use of my photo in publicity material such as Facebook, Newspaper or the REAP Annual Report.

Declaration: Privacy- REAP Central Plateau collects and stores information from this form to comply with the requirements of the Tertiary Education Commission. 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 2020.

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

Signature _____ **Date** ____/____/____