

International Application to Enrol

This form is for International Students to apply at Whitireia Community Polytechnic Limited (*Whitireia*) or Wellington Institute of Technology Limited (*WelTec*). **Please complete this form in English.**



Complete all sections of the form, including your full name, date and email (with all certified documentation) to:

✉ international-admissions@wandw.ac.nz

Get in touch:

📞 +64 4 920 2505

🌐 www.whitireiaweltec.ac.nz

1 PERSONAL INFORMATION

Legal family name(s)

Preferred name

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other

Gender

☐ Male ☐ Female ☐ Diverse

Home country postal address

<input type="text"/>	
<input type="text"/>	
Town/City	Postcode
Country	

Phone

Mobile

Have you previously enrolled with (please tick)

☐ Whitireia ☐ WelTec ☐ I have not enrolled before

Legal first or given name(s)

Previous name

If other, please specify

Date of birth (dd/mm/yyyy)

I am applying to study at

☐ Whitireia ☐ WelTec

New Zealand study address (if available)

<input type="text"/>	
<input type="text"/>	
Town/City	Postcode

Email

If yes, what is your Student ID (if known)

2 EMERGENCY DETAILS

Who should we contact in an Emergency? (If you are under 18 years old, please give your guardian's details)

Emergency contact overseas/family

Full name

Relationship

Mobile (include the country code)

Emergency contact in New Zealand

Full name

Relationship

Mobile

3 CITIZENSHIP

Passport number

Passport expiry date

Issuing country

Student visa expiry date (if any)

4 ETHNICITY

Which ethnic group(s) apply to you? (tick the appropriate boxes)

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> 111 New Zealand European | <input type="checkbox"/> 121 British and Irish | <input type="checkbox"/> 411 Filipino | <input type="checkbox"/> 444 Other Asian |
| <input type="checkbox"/> 211 Māori | <input type="checkbox"/> 122 Dutch | <input type="checkbox"/> 412 Cambodian | <input type="checkbox"/> 511 Middle Eastern |
| <input type="checkbox"/> 311 Samoan | <input type="checkbox"/> 123 Greek | <input type="checkbox"/> 413 Vietnamese | <input type="checkbox"/> 521 Latin American |
| <input type="checkbox"/> 321 Cook Islands Māori | <input type="checkbox"/> 124 Polish | <input type="checkbox"/> 414 Other Southeast Asian | <input type="checkbox"/> 531 African |
| <input type="checkbox"/> 331 Tongan | <input type="checkbox"/> 125 South Slav | <input type="checkbox"/> 421 Chinese | <input type="checkbox"/> 611 Other Ethnicity |
| <input type="checkbox"/> 341 Niuean | <input type="checkbox"/> 126 Italian | <input type="checkbox"/> 431 Indian | <input type="checkbox"/> 999 Not Stated |
| <input type="checkbox"/> 351 Tokelauan | <input type="checkbox"/> 127 German | <input type="checkbox"/> 441 Sri Lankan | |
| <input type="checkbox"/> 361 Fijian | <input type="checkbox"/> 128 Australian | <input type="checkbox"/> 442 Japanese | |
| <input type="checkbox"/> 371 Other Pacific People | <input type="checkbox"/> 129 Other European | <input type="checkbox"/> 443 Korean | |

If 'Other Pacific Peoples', 'Other European', 'Other Southeast Asian', 'Other Asian' or 'Other', please state specific ethnicity

5 SECONDARY & TERTIARY EDUCATION

This information regarding your educational background is required by the Ministry of Education.

Secondary

What was the last secondary school you attended?

What is the highest academic qualification you hold from secondary school?

Country qualification was awarded

Year qualification was awarded

Tertiary

Have you ever enrolled in a University, subsidiary of Te Pūkenga (New Zealand Institute of Skills and Technology), 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.

☐ Yes

☐ No

→ If no, please proceed to section 6, Prior Activity

Which year was your first year of tertiary study?

Please list any tertiary qualifications here (please attach a certified copy of relevant qualifications)

Name of qualification	Issuing institution

6 PRIOR ACTIVITY

If you were in New Zealand, what was your main activity as at 1 October last year?

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> 01 Secondary School Student | <input type="checkbox"/> 02 Not employed or beneficiary | <input type="checkbox"/> 03 Wage or salary earner | <input type="checkbox"/> 04 Self-employed |
| <input type="checkbox"/> 05 University student | <input type="checkbox"/> 06 Polytechnic student | <input type="checkbox"/> 08 House-person or retired | <input type="checkbox"/> 09 Overseas (irrespective of occupation) |
| <input type="checkbox"/> 11 Private Training Establishment (PTE) | <input type="checkbox"/> 12 Wānanga | | |
| <input type="checkbox"/> 99 Other, please specify: | <input type="text"/> | | |

7 STUDY PLAN

Programme name

Campus location

☐ Porirua ☐ Petone ☐ Wellington

Start date

8 ENGLISH PROFICIENCY

What is your first language?

I can provide a copy of an English language proficiency test (IELTS, TOEFL, NZCEL) or evidence of other English language proficiency test that is no more than two years old on the date my intended programme starts

☐ Yes ☐ No

☐ I will sit/have sat an English language proficiency test (IELTS, TOEFL, NZCEL)

Date taken/to be taken

English test name

Results (if known)

9 LEARNING AND DISABILITY SUPPORT

Do you live with the effects of injury, long-term illness, disability or learning difficulty that could affect your study?

☐ Yes (please select all that apply below) ☐ No

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Medical (temporary) |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Deaf | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Specific learning disability |
| <input type="checkbox"/> Intellectual | <input type="checkbox"/> Vision impairment |
| <input type="checkbox"/> Medical (chronic or on-going) | |

☐ Is there anything else that could impact on your learning that we could help you with? e.g. anxiety, depression, medication?

Would you like to discuss your support needs with a Disability Advisor?

☐ Yes ☐ No

10 PERSONAL STATEMENT

Please tell us why you want to study this programme and what your plans are for when you have finished studying with us.

Does the programme you are enrolling in meet your study and career goals? ☐ Yes ☐ No

11 ACCOMMODATION

Do you want us to make home-stay arrangements for you? (minimum stay 4 weeks)

☐ Yes ☐ No

If you reply 'yes', a home-stay form will be sent to your email address. Please complete all sections and return to international.support@wandw.ac.nz.
If you reply 'no', please refer to the website for more information on accommodations.

12 HEALTH & TRAVEL INSURANCE

To study in New Zealand, International students must have comprehensive health and travel insurance. We will arrange insurance on your behalf for the period of your enrolment, if you have not already supplied proof of insurance from a preferred provider. The cost will be included in your fees.

13 AGENT DETAILS

Agent name

Agent Representative

Agent email

Agent mobile

Agent address

If you are completing the Application to Enrol as an International Agent on behalf of the student, your submission of this form is confirmation that you have made the student aware of, and agree to, the student declaration.

14 REFUNDS

Refunds are made in accordance with *A3-P2 International Student Enrolment Procedures*.

16 DISCLAIMER

Whitireia Community Polytechnic Limited (Whitireia) and Wellington Institute of Technology Limited (WelTec) reserve the right to cancel, postpone or change the location of programmes or courses before the start date and are not liable for any claims other than the portion of the fees relating to the cancelled course or programme.

From 2023, Whitireia and WelTec and the programme you have enrolled in will become part of Te Pūkenga – New Zealand Institute of Skills and Technology. All programmes offered by Whitireia or WelTec and other subsidiaries of Te Pūkenga are under review, to ensure they are portable, consistent and aligned with the needs of industry. The programme you have enrolled in may change over time.

15 CODE OF PRACTICE

Our Institutions have agreed to observe and be bound by the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021, published on the Ministry of Education website.

17 PRIVACY

Your personal information is protected by the Privacy Act 2020. We require the information for enrolment purposes and Government agencies use it for statistical and administrative reasons. We share your information between Whitireia and WelTec (for support services) and disclose it to other government agencies only when required. When you complete your qualification, we use your contact information for the graduate outcomes survey and to stay connected with you as one of our alumni. Refer to the Privacy Statement on the website.

18 DECLARATION

Refer to the *Taikura Policies and Procedures* on the website.

- I declare all information provided in support of this application is true and complete and I understand that my enrolment may be cancelled if false information has been supplied.
- I understand my application will be accepted if I meet the programme entry requirements and there are places available in my selected programme and courses.
- If accepted, I undertake to pay, or arrange payment of all fees and any course related costs as they become due.
- I agree to abide by the Policies, Regulations and Procedures.
- I understand that WelTec and Whitireia will only use and disclose my personal information as required by the Privacy Act 2020, the Education and Training Act 2020 and other relevant legislation.
- I acknowledge that if I opt into SMART (libraries), my personal information will be held by other libraries that belong to the SMART group.
- I agree to the use of my image in a group photo or video taken during a WelTec or Whitireia activity for marketing purposes. I have the right to refuse permission if the image focuses on me as an individual.

Full name

Signature

☐ I agree to the above

Name of parent or guardian (if you are under 18 years only)

Signature

Date

19 APPLICATION DOCUMENTS

You will need to supply **certified copies** of documents in English:

- Passport details or birth certificate proving your identity
- Academic record/s (English translation if necessary)
- English language test result (less than 2 years old)
- Evidence of contract with approved insurance provider (if applicable)
- Additional information (if required for your programme)

The programme page on the website lists additional information required for an application to enrol. An International Student Advisor can advise you.