

International College of Auckland
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INSTRUCTIONS

- The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our Institute. 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.

Passport photo

Preferred Course Start Date: ____ / ____ / ____ (DD/MM/YY)
.....

SECTION A – PERSONAL DETAILS

Family name: _____ First name: _____

English name (if used): _____

Date of Birth: ____ / ____ / ____ Gender: Male / Female (circle)
 DD MM YY

Citizenship (as shown on your passport): _____

Do you hold New Zealand permanent residency? Yes / No (circle)

Permanent address in home country

Telephone: _____ Mobile: _____

Fax: _____

Email: _____

Address for correspondence (in New Zealand)

Telephone: _____ Mobile: _____

Fax: _____

Emergency Contact 1
Name:
Relationship to you:
Address:
Telephone:

Emergency Contact 1
Name:
Relationship to you:
Address:
Telephone:

SECTION B – PASSPORT

Passport Number: _____ Expiry Date: _____ / _____ / _____
DD MM YY

SECTION C – ETHNIC IDENTITY AND LANGUAGE

What ethnic group(s) do you belong to? (circle)

- | | | |
|---|--------|-------------------|
| European/Pakeha or New Zealand European | Fijian | New Zealand Maori |
| Other Pacific Island | Samoan | Chinese |
| Cook Island Maori | Indian | Tongan |
| Other Asian | Niue | Tokelauen |

Other: _____

What is your first language? _____

SECTION D – ENGLISH LANGUAGE

If you have gained an English language qualification in the last two years, please provide details:

IELTS (Score: _____) TOEFL (Score: _____)

If you are awaiting results, indicate which examination/test:

TOFEL IELTS other (Please state name of test): _____

Results available date: _____ / _____ / _____
DD MM YY

SECTION E – SECONDARY EDUCATION

Qualification	Institution	Country	Year Completed

If you are awaiting results, name the school you last attended: _____

SECTION F – PREVIOUS TERTIARY EDUCATION

Complete this section if you have studied at a tertiary level, e.g. University, College of Education, Technical Institute etc.

Qualification	Institution	Country	Year Completed

SECTION G –POLICE RECORD

Have you been in trouble with the Police in the last 3 years? Yes / No (circle)

If yes, what for? _____

SECTION H –EMPLOYMENT HISTORY

Have you ever worked before (full-time / casual)? Yes / No (circle)

If yes, give us some details:

Employer	What were you doing?	Why did you leave?

Have you had any practical farming or horticultural experience? Yes / No (circle)

If yes, give us some details: _____

What type of job do you want after you have completed your training, what size of operation, in what location? What is your career plan? (Where would you like to be in 2 – 3 years)

SECTION I – ACCOMMODATION DETAILS

Type of Accommodation

Homestay

Family

Own house

Other (if so, what?) _____

SECTION J – INSURANCE

Does the student have Medical Insurance? Yes No

Does the student have Travel Insurance? Yes No

Insurance Documents verified and attached Yes No

Please attach 2 passport – sized photos with the form

Declaration – I declare that to the best of my knowledge all the information supplied on, and with this registration 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.

Signature _____

Date ____ / ____ / ____
DD MM YY

Agent

Medical Questionnaire

International College of Auckland – Training and your Sponsor need to know of any medical problems you may have (or had in the past) which could make working on a farm dangerous for you and others. Telling us about a problem will allow us to work out the best way to keep you and others safe. Please answer the questions below honestly:

Do you suffer (or have you ever suffered) from:		Have you ever had an injury, strain or pain:		
Epilepsy or blackouts?	YES <input type="checkbox"/> NO <input type="checkbox"/>	to finger / wrist	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Diabetes?	YES <input type="checkbox"/> NO <input type="checkbox"/>	to neck, shoulder, back	YES <input type="checkbox"/> NO <input type="checkbox"/>	
High Blood Pressure?	YES <input type="checkbox"/> NO <input type="checkbox"/>	to limbs	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Heart Complaints?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Have you ever had:		
Anxiety / depression?	YES <input type="checkbox"/> NO <input type="checkbox"/>	An ACC claim for any injury	YES <input type="checkbox"/> NO <input type="checkbox"/>	
ADHD?	YES <input type="checkbox"/> NO <input type="checkbox"/>	skin rashes, dermatitis, eczema	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Other psychological disorders?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Other medical/health problem?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Asthma / bronchitis?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you smoke?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reactions to stings / bites?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are you currently being		
Other Allergies?	YES <input type="checkbox"/> NO <input type="checkbox"/>	treated for any health		
Hepatitis A or B?	YES <input type="checkbox"/> NO <input type="checkbox"/>	problems	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Colour blindness?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Any other ailments?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you need to have		
Fear of height?	YES <input type="checkbox"/> NO <input type="checkbox"/>	medication with you?	YES <input type="checkbox"/> NO <input type="checkbox"/>	

If you have answered yes to any of the questions above or if you have any other medical problem not listed above, please give details below for each one:

Continue on the next page if more space is needed.

I acknowledge that I currently have no work related injury or ACC claim that would preclude me from carrying out the training and tasks I would be required to perform as a learner on this programme.

I acknowledge that the personal information supplied in this form is obtained for the purposes of protecting my health and safety while attending this training programme.

I declare to the best of my knowledge the answers to the questions in this Health assessment are correct and I understand that if any false information is given or material fact suppressed, my inclusion in some parts of this programme may be at risk.

Signed _____

Date ____ / ____ / ____