

Re-enrolment Form

Return to:	Admissions Office PO Box 12747 Penrose Auckland 1642 New Zealand	Phone +64 9 580 1500 Fax: + 64 9 579 5150 Web: www.acnz.ac.nz	Email: info@acnz.ac.nz
	Physical address: 60 Rockfield Road, Penrose, Auckland 1061, New Zealand		

INSTRUCTIONS

Please use this form to re-enrol in any of the programmes offered by Alphacrucis.

Please complete all sections of this form. Approval into the programme you are applying for is not guaranteed and will be subject to the consent of the Registrar or the Head of Department.

A PERSONAL DETAILS	
1	Print your full legal name: <i>Family Name</i>
	<i>Given Name(s)</i>
2	Preferred first name:
3	Preferred title: <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other (Specify):
4	Student ID Number:
5	<p>Citizenship and Residency: You may need to supply evidence of residency status or citizenship</p> <p>Tick the box which describes your citizenship. New Zealand Citizen <input type="checkbox"/> NZL Australian Citizen <input type="checkbox"/> AUS Other <input type="checkbox"/></p> <p>If you answered "Other" please specify your citizenship: Country of Citizenship: _____</p> <p>(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)</p> <p>New Zealand Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Australian Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No For International Students, Student Visa renewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date of student visa: For International Students, Insurance renewed: <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date of insurance:</p>
B CONTACT DETAILS	
6	Address and contact details:
	<i>Permanent Address:</i>
	<i>Address while studying: (if different from permanent address)</i>
	<i>Post Code:</i>
	<i>Post Code:</i>
	<i>Phone:</i>
<i>Alternative Phone:</i>	
<i>Mobile:</i>	<i>Email (required):</i>
<i>Fax:</i>	
<p>What is your postal address? Permanent Address <input type="checkbox"/> Address while studying <input type="checkbox"/> Other <input type="checkbox"/></p> <p>If you ticked "Other" please write your postal address below.</p> <p><i>Post Code:</i></p>	

7	Next of Kin:	Name and address:	Phone:
			Email:

C QUALIFICATION

8	Please tick the name of the qualification in which you wish to re-enrol in:		
	Christian Studies: <input type="checkbox"/> Certificate in Christian Studies L4 (distance only) <input type="checkbox"/> Diploma in Chaplaincy L5 <input type="checkbox"/> Diploma in Christian Leadership L5 <input type="checkbox"/> Diploma in Theological Studies <input type="checkbox"/> Diploma in Biblical Studies (L6) <input type="checkbox"/> Bachelor of Contemporary Ministry (L7)	English Language Studies: <input type="checkbox"/> NZ Certificate in English Language (L2) <input type="checkbox"/> NZ Certificate in English Language (L3) <input type="checkbox"/> NZ Certificate in English Language (L4) <input type="checkbox"/> Intensive Literacy and Numeracy Elementary <input type="checkbox"/> Pre-Intermediate Level 1 <input type="checkbox"/> Pre-Intermediate Level 2 <input type="checkbox"/> <input type="checkbox"/> General /Academic English Short Courses (number of weeks: _____)	
	Semester 1 2018 <input type="checkbox"/>		
	Semester 2 2018 <input type="checkbox"/>		
	Do you intend to study:	<input type="checkbox"/> Part time OR <input type="checkbox"/> Full time <input type="checkbox"/> Campus OR <input type="checkbox"/> Distance	

9	Please enter the name(s) of the courses into which you wish to re-enrol in:		
	Name of Subject	Subject Code	Semester (1 or 2)

USE OF INFORMATION AND PRIVACY STATEMENT

Alphacrucis College collects and stores information from this form to:

- manage the business of Alphacrucis College (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of official records and accountability for public funding
- supply information to government agencies and other organisations as set out below.

Alphacrucis College may add your personal details (name, date of birth and residency) to the National Student Index, which is managed by the Ministry of Education.

Supply of information to government agencies and other organisations:

Alphacrucis College supplies data collected on your enrolment to government agencies, including:

- the Ministry of Education, the New Zealand Qualifications Authority
- the Tertiary Education Commission
- Ministry of Social Development: in relation to student loans and allowances
- Immigration New Zealand (a branch of the Ministry of Business, Innovation, and Employment): for those who are not New Zealand citizens or permanent residents.

Those agencies use the data supplied by tertiary education organisations to:

- administer the tertiary education system, including allocating funding
- develop policy advice for government
- conduct statistical analysis and research

The Ministry of Education 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.

When required by law, Alphacrucis College 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.

In signing this enrolment form you authorise such disclosure on the understanding that Alphacrucis College will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation.

You may request to see any information held about you and request that any errors in that information be amended or noted. To do so, contact the Enrolments Officer

DECLARATION

Fees – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. Alphacrucis College's policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

Rules – In signing this enrolment form you undertake to comply with the published rules and policies of Alphacrucis College with regard to attendance, academic integrity and progress, conduct and use of information systems.

Declaration of Conflict of Interest - In accordance with NZQA rules, Alphacrucis requires all directors, Council members and senior staff to make a declaration regarding any conflict of interest they may have due to involvement with other organisations. The declaration is fully detailed on the website at www.acnz.ac.nz/conflict of interest. In signing this enrolment form I acknowledge that this information is available to me.

Declaration – 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 above, and I consent to the disclosure of personal information as described above.

Signature

____/____/_____
Date

➤ *Please make sure that you sign your application form above* ◀