

Enrolment

Please read the following instructions carefully before you complete this enrolment form.



Instructions

The purpose of this enrolment form is to make sure you provide all the information we need to enrol you in your chosen Whenua Kura programme. We also need to collect information from you that is required by the Tertiary Education Commission, Ministry of Education and other government agencies for statistical, registration and on farm Health and Safety purposes.

Please fill in the form by:

- Completing all sections of the form
- Printing your answers clearly in pen, or ticking the box that applies for multiple-choice questions
- Signing the form
- Attaching any additional documentation that is required for government funding purposes.

Steps to enrol in a Whenua Kura programme

- Send Lincoln University your application form, along with any additional information required
- On receipt of your form, we'll acknowledge your application in writing
- We'll then select successful applicants (you may be asked to provide more information)
- If your application is successful, we'll process your enrolment and send you a confirmation letter
- If your application is unsuccessful, we'll contact you to discuss your options.

Once you have been accepted into the University, you must complete the Whenua Kura scholarship application form and return it to the Whenua Kura Programme Coordinator as soon as possible, for consideration of a place on the programme via scholarship panel. The scholarship panel is made up of representatives of the partners.

Whenua Kura Application Form

The purpose of this application form is to get the information we need to assess your eligibility for the programme and to enrol you. We also need to collect information that is required by the Ministry of Education, Tertiary Education Commission and other Government agencies for statistical and administrative reasons. Please complete the form carefully.



New Zealand's specialist land-based university



Please indicate which programme you are applying for:

Start date:

A Personal information

1. Have you studied at Lincoln University before? Yes No If yes, Student ID number (if known)

2. Legal family name

Given names

3. Preferred first name

4. Name previously enrolled under
(if applicable)

5. Preferred title Ms Miss Mrs Mr other

6. Gender Male Female

7a. Date of birth

7b. Country of birth

8a. Citizenship and residency – Tick the box which best describes your citizenship or permanent residency status.

New Zealand citizen Australian citizen

New Zealand permanent resident Australian permanent resident

Other

(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.)

8b. Applications for Whenua Kura programmes are for:

1. Students of New Zealand Māori descent, and
2. Students registered with an identified iwi/hapu

With which iwi/hapu/marae do you identify?

8c. Ethnicity – Do you identify with other ethnic groups?

NZ European/Pakeha

Australian

Fijian

Japanese

British/Irish

Other European

Other Pacific Peoples

Korean

Dutch

Samoan

Filipino

Other Asian

Greek

Cook Island Māori

Cambodian

Middle Eastern

Polish

Tongan

Vietnamese

Latin American

South Slav

Niuean

Other Southeast Asian

African

Italian

Tokelauan

Chinese

Other

German

Indian

Sri Lankan

9. Address and contact details

Personal email

Please print clearly. We will need to contact you.

(Students are allocated a University email address which, after enrolment, becomes the primary means of communication.)

Home address

Postcode

Phone

Study address

Postcode

Phone

Mobile

10. Disability – This information is confidential.

Do you live with the effects of significant injury, long term illness, or disability?

Yes No

If you answered yes do you wish to be contacted about special assistance during enrolment, lectures, field trips, tests or exams?

Yes No

Lincoln University Students' Association

From time to time the Lincoln University Students' Association (LUSA) needs to contact students individually or in groups to promote activities etc. By signing here you will enable LUSA to provide you with this information.

Signature: Date:

B Academic and Vocational information

11a. Have you been enrolled for a Lincoln University programme during the last 12 months?

Yes Go to Q. 13

No

Were you in New Zealand on 1 October, last year?

No – I was overseas. Go to Q. 11b

Yes – My main activity in New Zealand was: (You may tick only one box.)

Wage or salary worker

Secondary school student

University student

Unemployed or beneficiary

Self-employed

College of Education student

Polytechnic student

Wānanga student

House-person or retired

Private training establishment student

Other:

11b. Secondary school record

What was the name of the last secondary school you attended? (State 'overseas' if applicable.)

What was your last year at secondary school?

What is the highest academic award you hold from a secondary school? (Tick only one box. State 'overseas qualification' if applicable).

Still awaiting results

NCEA level 2

No formal secondary qualification

University Entrance

14 or more credits at any level

NCEA level 3

NCEA level 1

Overseas qualification (includes International Baccalaureate and Cambridge exams)

Other:

If you left school within the last five years, please supply your NSN number (if known).

Lincoln University should be able to verify your NCEA results directly. If we are unable to, we will let you know.

12. Tertiary study – Will this be the first year you have ever enrolled at a university, polytechnic, college of education, private training establishment or Wānanga either in New Zealand or overseas since leaving school? (Do not include enrolments in STAR, community or hobby classes.)

Yes

No

What was the year of your first enrolment there:

Previous tertiary record

Institution	Programme undertaken	Years

Have you been excluded from any New Zealand university or from any department or faculty of any New Zealand university?

Yes

No

13. Certificate students only. Please provide us with more information.

Work experience

Sports/Interests

Special interests

Literacy and Numeracy for Adults assessment tool

Have you used this tool before?

Yes

No

What type of assessment(s) did you do?

Reading

Writing

Vocabulary

Numeracy

Medical statement – Level 3 Certificate students only

Information provided in this document is only available to Telford management. Where appropriate, and with your consent, information that may relate to your safety and well-being while on field trips will be disclosed to fellow tutors. All information contained in this document will be used in accordance with the Privacy Act 1993. The information contained in this form is not used for eligibility purposes for the course in which you wish to enrol.

Student details:

Family name: Given name(s):
Next of kin: Emergency contact number:

Medical details:

Have you ever suffered from any of the following complaints? Yes (indicate below) No

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hay fever	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Hypothermia	<input type="checkbox"/> Acute abdominal problem	<input type="checkbox"/> Headaches/migraines
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hyperthermia	<input type="checkbox"/> Back/neck/spinal injuries	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hyperventilation	<input type="checkbox"/> Bleeding disorders	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Eczema	<input type="checkbox"/> Head injuries/concussion	<input type="checkbox"/> Mental health issues	<input type="checkbox"/> Low blood pressure

Other. Please specify:

Infections?

Have you ever been infected with any of the following? Yes (indicate below) No

Tinea Herpes HIV Hepatitis Meningitis Other. Please specify:

Allergic reaction(s):

Do you have allergic reaction(s) to any of the following? Yes (indicate below) No

Antibiotics Elastoplasts Foods Penicillin Insect bites Medication Injections Other

If you have ticked any of the above, please give details (symptoms, action required):

Medication:

Are you currently on medication? Yes (indicate below) No

Medicine	Dosage/Frequency	Reason

Prevention:

Is your tetanus vaccination current? No Yes

Do you suffer from any phobias? No Yes (please give details below)

Learning disabilities:

Do you have any learning disabilities? No Yes (please give details below)

Risks

There will always be risks and hazards associated with any activity, especially in an outdoor environment. It is important to understand that safety is a shared responsibility of the organisation and the participants in the programme.

Applicant consent

I consent for this information to be provided to tutors for the purpose of my safety and well-being on field trips. I agree that all information provided is correct at time of completion of this form.

Student signature:

Parent/Caregiver signature: Date:

Terms and Conditions

Privacy of Personal Information – Students (*Summary*)

We want you to successfully complete this qualification therefore we look for applicants who can show us evidence that they are prepared. The Lincoln University collects, stores, uses and discloses personal information relating to students in accordance with the Privacy Act 1993 for the purpose of conducting its proper business. A unique identifier is assigned to each student. Personal information is disclosed to other agencies as required under the Education Act 1989 and other relevant New Zealand laws, regulations, and contractual agreements by which the University is bound. Students have the right to access and seek correction of their personal information. More information on the University's protection of the privacy of personal information is available at www.lincoln.ac.nz/privacy and in the University Calendar.

Student Declaration

I understand that Lincoln University will collect, store, use and disclose personal information about me in the course of conducting its proper business and that a unique identifier will be assigned to me to facilitate this. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 1993, and as outlined on the University website www.lincoln.ac.nz/privacy and in the University Calendar. I acknowledge that I have the right to access and seek correction of personal information about me and understand that if I withhold information or provide false or misleading information my enrolment may be terminated.

I understand and agree that, upon registration as a student at Lincoln University, I am obliged to make myself familiar with and obey the University's rules and regulations as published in the 'Calendar' and associated materials. These regulations include, but are not limited to, the payment and refund of fees, computer use, copyright, examinations, library use and subject cancellations. I understand that if my chosen method of payment is declined I will make alternative arrangements for payment of all debts outstanding. I also acknowledge that I must also complete formal withdrawal procedures within published deadlines to qualify for a credit to my account, and late payment of any fees may attract an additional administration fee, penalty interest and/or collection costs. I will also comply with the IT policies, and Library rules, regulations and policies, as well as understanding all responsibilities with the issuance of a Lincoln University ID Card.

I declare that, to the best of my knowledge, all the information supplied on and with this application/enrolment form is true and complete. I acknowledge that my admission or registration may be cancelled if the information supplied on this form is not truthful or accurate. I consent to the disclosure of personal information as described above.

If I am offered and accept a Whenua Kura scholarship to enrol at Lincoln University, I understand that my progress will be monitored by Lincoln University staff members associated with the programme and Te Tapuae o Rehua. I therefore consent to the release of information regarding my enrolment and grades to those parties.

Signature: Date: