



## **Application Form 2011**

Personal Details amily Name:		First Name(s):		
Date of Birth:		☐ Male ☐ Female	Occupation	
Nationality:			Passport No:	
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Contact De	etans		7	
Address:			Phone:	
			Fax:	
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Emergency	Contact (Compuls	sory to complete)	_	
Name:			Phone;	
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General English (any Monday except New Zealand Public Holidays)  — Full-time		Block 1	glish - NZ\$4450 per module  7th February 2011 - 15th April 2011	
□ 2-11 weeks NZ\$430pw		□ Block 2	27th April 2011 – 1st July 2011	
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□ 12 weeks±	NZ\$410nw		∃ □ Block 3	11th July 2011 - 16th September 2011
□ 12 weeks+ Please indicate	NZ\$410pw		☐ Block 3	11th July 2011 – 16th September 2011  26th September 2011 – 2nd December 2011
	NZ\$410pw dates of study;		_j □ Block 3 □ Block 4	11th July 2011 - 16th September 2011 26th September 2011 - 2nd December 2011
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Name: Address:

Byron International Group Ltd 3th Fl, 220 Queen St PO Box 91333 Auckland Phone: +64 9 368 1588, Fax: +64 9 974 9131 Email: 3681588@gmail.com http://www.byron2005.com

GST No: 93-857-739

Phone: Fax: Email:

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## **Proposed Enrolment** After finishing your study at the English Language Academy do you intend to: ☐ Study at The University of Auckland? Do you have a conditional offer of place for a degree programme at The University of Auckland? ☐ Yes ☐ No ☐ Study at a different institution? ☐ Return home? If yes, please specify the qualification and attach copy of letter: ☐ Undecided? Accommodation Details Would you like accommodation to be arranged for you? ☐ Yes ☐ No Homestay Placement Fee NZ\$200 ☐ Homestay, No. of weeks: (if you are under 18 homestay is compulsory) ☐ Empire Apartments, No. of weeks: The Empire Apartment is subject to availability Homestay Information (We will attempt to meet your preferences but this may not always be possible) Homestay family with children? ∏ Yes □ No Religion: Homestay family with a cat? ☐ Yes ☐ No Please list any food you cannot eat: ☐ Yes ☐ No Homestay family with a dog? ☐ Yes ☐ No Do you smoke? Medical Information Do you have any allergies or other medical requirements? ☐ Yes ☐ No If yes please give details: If you have any pre-existing medical conditions please give details: Insurance is compulsory for all international students. Would you like the ELA to arrange your insurance? 🔲 Yes 🗔 No The ELA and the New Zealand government require that every international student has Medical/Travel Insurance. The ELA will automatically invoice you for insurance. If you wish to use your own insurance you must advise the ELA in writing and fax the ELA details of your insurance policy, including the certificate of insurance. **Arrival Details** Would you like to be met at Auckland airport? ☐ Yes (cost NZ\$80 one way to Auckland city\*) ☐ No \*Students staying in an ELA-arranged homestay or the Empire Apartments will receive a free one-way transfer. Arrival Date: Note: You must provide arrival details no later than 10 working days prior to your arrival. Arrival Time: Flight Number: Market Research How did you find out about The University of Auckland English Language Academy? ☐ Friends / Family □ Website D Education Fair in: □ NZ Embassy / Education Centre ☐ Agent ☐ Advertising: ☐ University of Auckland International Centre Student Declaration This form MUST be signed by the applicant or their parent/guardian if Please tick the statement which applies to your situation: the student is under 18. Applications signed by agents, friends or ☐ I declare that the signature inscribed below is my signature (the signature of family will not be accepted. the applicant to the ELA) or I declare the information in this application and any attachments, to be true $\square$ I am under 18 years ald and the signature below is the signature of a parent and correct or legal guardian authorised to accept this contract on my behalf. I understand and agree to the ELA Terms and Conditions of Enrolment dated 24 August 2009. Family Name: I understand that it may be necessary for the ELA to hold and use information about me in accordance with this statement and the Privacy Act First Name: 1993. I authorise the ELA to collect, use and disclose personal information Date: collected from me to appropriate institutions, subject to the provisions of the Privacy Act 1993, Student Signature: I agree that I have received and have read through a summary copy of the

## Please send this application to the Enrolment Officer at:

The University of Auckland English Language Academy

Code of Practice for the Pastoral Care of International Students.

Level 5, 67 Symonds Street, Bag 163, Private Bag 92 019, Auckland, New Zealand P: 64 9 919 7695 F: 64 9 919 7899 E: ela@auckland.ac.nz www.ela.auckland.ac.nz