

# English Language Application Form



THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

## PERSONAL DETAILS

Family name: \_\_\_\_\_

First name(s): \_\_\_\_\_

English name: \_\_\_\_\_

☐ Male ☐ Female Date of birth: 

Day	Month	Year		

 Age: \_\_\_\_\_

Are you a New Zealand resident? ☐ YES ☐ NO  
(If yes, please attach certified copies of your NZ residence or citizenship documentation, otherwise international fees will apply)

Nationality: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address in home country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of emergency contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## OCCUPATION

☐ Secondary school student ☐ Wage or salary worker ☐ University student ☐ Not working

Other (please describe): \_\_\_\_\_

## MEDICAL INFORMATION

Are there any foods or medicines that you must never take or come into contact with (allergies etc)? ☐ YES ☐ NO

(If YES, please specify): \_\_\_\_\_

Do you take any medication? ☐ YES ☐ NO (If YES, please specify): \_\_\_\_\_

Do you suffer from any condition or illness, physical or mental? (Please note this information will be kept confidential) ☐ YES ☐ NO

(If YES, please specify): \_\_\_\_\_

## COMPULSORY INSURANCE

Waikato Pathways College requires all international students to have comprehensive insurance that covers travel, medical, personal effects and personal liability. We can arrange insurance for you or you can purchase one of the alternate approved policies. Please visit <http://www.waikato.ac.nz/international/policies/insurance.shtml> for a list of approved policies.

☐ Please arrange comprehensive insurance for me ☐ I already have comprehensive insurance

Insurance company name: \_\_\_\_\_ Policy reference number: \_\_\_\_\_

## AGENT INFORMATION

Agent (please provide agent's details) Name of agent: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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GST No: 93-857-739

## STUDENTS UNDER 18 MUST COMPLETE AND SIGN THIS SECTION

You must complete this section only if you will be under the age of 18 at the time you wish to start your course. Waikato Pathways College will contact the parents of all students under the age of 18 before enrolment is completed.

Parent(s) name(s): \_\_\_\_\_

Parent(s) address: \_\_\_\_\_

Parent(s) phone: \_\_\_\_\_ Parent(s) fax: \_\_\_\_\_ Parent(s) email: \_\_\_\_\_

Please sign here to indicate that you agree to Waikato Pathways College contacting your parents during your period of enrolment with Waikato Pathways College. Failure to give approval to contact your parents may cause your application to be declined.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Enrolment Details

## I WISH TO STUDY IN

☐ Hamilton ☐ Tauranga

## I WISH TO ENROL IN THE FOLLOWING STUDY PROGRAMME

Academic English / Certificate of Attainment in English Language (CAEL)

- ☐ 1 block  
☐ 2 blocks  
☐ 3 blocks  
☐ 4 blocks

Proposed entry date

2009

☐ Block J Monday 9 November – 17 February 2010

2010

- ☐ Block E Monday 1 March – Tuesday 18 May  
☐ Block G Thursday 3 June – Tuesday 17 August  
☐ Block I Monday 30 August – Friday 12 November  
☐ Block J Thursday 18th November – Tuesday 15 February 2011

General English

☐ Part-time ☐ Full-time

Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_ No. of weeks: \_\_\_\_\_

## AFTER WAIKATO PATHWAYS COLLEGE

After you complete your study at Waikato Pathways College, what do you intend to do?

- ☐ Study at the University of Waikato  
☐ Study at the Bay of Plenty Polytechnic Tauranga  
☐ Study at another New Zealand tertiary institution  
☐ Study in your home country  
☐ Study in another country  
☐ Work in New Zealand  
☐ Work in your home country  
☐ Work in another country  
☐ Other (please specify) \_\_\_\_\_

After finishing at Waikato Pathways College, what area do you intend to study / work in?

Do you have a conditional offer of place in a University of Waikato degree? ☐ YES ☐ NO

If YES, please specify the qualification and your 6-digit IS number included on your offer of place.

Qualification: \_\_\_\_\_

IS number:

## ARRIVAL AND ACCOMMODATION DETAILS

Do you want to be met at the airport? ☐ Yes ☐ No

Arrival date: \_\_\_\_\_ Time: \_\_\_\_\_

Airline: \_\_\_\_\_ Flight no: \_\_\_\_\_

Would you like accommodation arranged for you? ☐ YES ☐ NO

☐ Homestay Number of weeks: \_\_\_\_\_

## Homestay Details

In order to assist us to find a homestay family that you will feel comfortable with, it is important that you fill out this section carefully and honestly. The Pathways College offers high quality accommodation and will endeavour to meet the criteria given, but cannot guarantee that all preferences will be met. All students are required to stay in homestay accommodation for a minimum period of four weeks, unless their course of study is for a shorter period. These first four weeks are non-refundable.

Would you prefer a homestay with children?

Infants (0-5) ☐ YES ☐ NO ☐ No preference

Children (6-12) ☐ YES ☐ NO ☐ No preference

Teenagers (13-18) ☐ YES ☐ NO ☐ No preference

Would you prefer a homestay with pets?

Cats ☐ YES ☐ NO ☐ No preference

Dogs ☐ YES ☐ NO ☐ No preference

Do you smoke? ☐ YES ☐ NO

(Smoking is uncommon in NZ homes and banned in most public places)

Do you have any allergies? ☐ YES ☐ NO

If YES, please specify what, and how you react:

(You may be required to provide a medical certificate)

Do you have any medical conditions (psychological, emotional or physical)? ☐ YES ☐ NO

If YES, please specify: \_\_\_\_\_

Would you prefer a homestay of a particular religion?

☐ YES ☐ NO

If YES, please specify: \_\_\_\_\_

What activities (sport, hobbies, interests) do you enjoy when you are not studying?

Is there any food that you cannot eat for health or religious reasons?

☐ YES ☐ NO

If YES, please specify what, and how you react: \_\_\_\_\_

## STUDENT DECLARATION

I declare the information in this application, or any attachments, to be true and correct. I have read, understand and accept Waikato Pathways College's Terms and Conditions of Enrolment. I understand that I am bound by the regulations of the University of Waikato, as published in the University of Waikato Calendar. I declare that I have not withheld any information that could have a material bearing on my enrolment. I understand that it may be necessary for the University to hold and use the information about me in accordance with this statement and the Privacy Act 1993. I authorise the University to collect, use and disclose personal information collected from me and appropriate institutions, subject to the provisions in the Privacy Act 1993.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

This application form must have the student's original signature; otherwise it is not valid and cannot be processed further.

Please send this application to the Enrolment Officer at the centre you wish to study at.

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Hamilton 3240, New Zealand  
Tel +64 7 858 5600  
Fax +64 7 858 5694  
pathwayscollege@waikato.ac.nz

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