

Representative's Stamp

Byron International Group Ltd

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http://www.byron2005.com

GST No: 93-857-739

APPLICATION FOR ADMISSION TAYLORS AUCKLAND FOUNDATION YEAR

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

PERSONAL INFORMATION

The Student

Family Name		Given Names	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age	Date of Birth (day/month/year)
Home Address			
City	Code	Country	
Home Telephone	Mobile Telephone		
Email			

Parent/Guardian Correspondence Details

Name	Relationship to Student	
Home Address		
City	Code	Country
Home Tel	Business Tel	Mob Tel
Email	Fax	
Country of residence		
Nationality	Country of Birth	

PREVIOUS EDUCATION

Name of Qualification	Year Awarded
Name of School/College/University	Country/State
If you are currently completing a qualification, please indicate when you expect to complete this study (month/year)	
Language of Instruction	

ENGLISH LANGUAGE PROFICIENCY

Please provide evidence of your English language qualifications. Refer to the entry requirements section for further information.

IELTS (score)	TOEFL (score)	Other (score)
Completion of Study Group English test (score)		

PROGRAMME SELECTION

TAFY Standard	January <input type="checkbox"/>	July <input type="checkbox"/>	September <input type="checkbox"/>	TAFY Accelerated	April <input type="checkbox"/>
Taylors Certificate in Pre-Foundation Studies		January <input type="checkbox"/>	July <input type="checkbox"/>		
Taylors English Language Preparation Studies		(No. of weeks) <input type="text"/>			

Subject Selection

List subjects that you wish to study. Refer to pages 26-29 for guidance.

1 English	4
2	5
3	

Following my TAFY programme, the undergraduate course I would like to study is: (please list in order of preference)

1. Bachelor of	at UoA <input type="checkbox"/>	at AUT <input type="checkbox"/>
2. Bachelor of	at UoA <input type="checkbox"/>	at AUT <input type="checkbox"/>

I would like to receive a University Conditional Letter with my Taylors Offer for:

The University of Auckland AUT University



PASSPORT DETAILS please supply the following information if available

Passport number	Passport expiry date
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MEDICAL INSURANCE

Do you currently hold medical insurance? Yes No

If yes, please provide the following details.

Insurance company

Cover period	Start date	End date
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ACCOMMODATION

Do you require assistance with accommodation? Yes No

Length of Stay (Weeks)	Accommodation Start Date
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What type of accommodation do you require?

Homestay (single)	<input type="checkbox"/>	UniLodge (studio)	<input type="checkbox"/>	UniLodge One Bedroom (single)	<input type="checkbox"/>
Empire Apartments	<input type="checkbox"/>	UniLodge (studio deluxe)	<input type="checkbox"/>	UniLodge One Bedroom (double)	<input type="checkbox"/>

AIRPORT COLLECTION

Do you require airport pick up? Yes No

Flight details including date, time and flight number should be sent to the International Admissions Centre or Taylors College as soon as possible to arrange the airport collection.

CAREGIVER ARRANGEMENTS

If you are under 18 years of age, do you have a CareGiver (relative) in New Zealand? Yes No

If yes, the name and address in New Zealand of your CareGiver

Name	Relationship to Student
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Home Address

City	Code
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Home Telephone	Business Telephone	Fax
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DECLARATION to be signed by the student and parent or legal guardian

- I have read, understood and agree to be bound by the Terms and Conditions, including Grievances Policy, as stated in this brochure.
- I have read the Cancellation and Refund Policy and agree to abide by these Terms and Conditions.
- I hereby declare that the information supplied by me is true and correct.
- I agree to pay all fees owing and by the due date.
- I agree that on acceptance of enrolment by the College, the Application for Admission form will become the Contract of Enrolment.

I have read and understand the outline of how the Privacy Act will be applied at Taylors College, set out on the Taylors College website (www.taylorscollege.ac.nz) and I authorise the College to collect, use and disclose personal information about me in accordance with the Privacy Act 1993.

Signed (Student)	Date
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Signed (Parent, Legal Guardian*)	Date
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*if applicant is under the age of 18

APPLICATION CHECKLIST

Check that you have:

- | | |
|---|--|
| <input type="checkbox"/> Completed all sections of the Application for Admission form | <input type="checkbox"/> Attached certified copies of your academic qualifications (translated into English) |
| <input type="checkbox"/> Read and understood the Terms, Conditions, Cancellation and Refund Policy, and Student Complaints Policy | <input type="checkbox"/> Attached evidence of English language proficiency |
| | <input type="checkbox"/> Included a copy of your passport, visa or birth certificate if required |

International Applicants – send your application to:

International Admissions Centre
Level 8, 97-99 Bathurst Street
Sydney NSW 2000
AUSTRALIA
Telephone: +61 2 8263 1888
Fax: +61 2 9267 0531

New Zealand Applicants – send your application to:

Taylors College, Auckland
75 Karangahape Road
Auckland
NEW ZEALAND
Telephone: +64 9 306 2622
Facsimile: +64 9 306 2601