



# Application Form

## Diploma of Teaching (ECE)

## National Diploma in Teaching (ECE, Pasifika)

Please ensure you:

- Complete all sections of the form
- Print your answers clearly in pen, or tick the box that applies for multi-choice questions
- Sign the form
- Attach to the form additional documentation required

### FOR OFFICE USE ONLY

Received	
Documentation	
Entered	
Entry Requirements	
Approved for Interview	
Select/Decline	

### QUALIFICATION

Please indicate which programme you are applying for:

Diploma of Teaching (Early Childhood Education)

National Diploma in Teaching (Early Childhood Education, Pasifika)

Which teaching base would you like to study at? \_\_\_\_\_  
(see page 6, Application Guide)

Have you studied at Te Tari Puna Ora o Aotearoa/NZ Childcare Association before?  Yes  No

If you answered "yes", what was your Student ID number? \_\_\_\_\_

What was your last year of enrolment? \_\_\_\_\_

### YOUR PERSONAL DETAILS

Surname/family name: \_\_\_\_\_

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

Preferred first name: \_\_\_\_\_

Maiden or any other names used: \_\_\_\_\_

If you have previously enrolled at this or any other tertiary institution under another name, what was that name?  
\_\_\_\_\_

Date of birth: 

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*day month year*

Gender:  Male  Female

If you have a National Student Index number (also known as a NZQA Record of Learning number), please write it here:

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## YOUR ETHNICITY

### What ethnic group(s) do you belong to?

You may tick up to three boxes which apply to you.

- |   |   |
|---|---|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Filipino         |
| <input type="checkbox"/> New Zealand Māori  | <input type="checkbox"/> Cambodian        |
| <input type="checkbox"/> Samoan             | <input type="checkbox"/> Vietnamese       |
| <input type="checkbox"/> Cook Island Māori  | <input type="checkbox"/> Other SE Asian * |
| <input type="checkbox"/> Tongan             | <input type="checkbox"/> Chinese          |
| <input type="checkbox"/> Niue               | <input type="checkbox"/> Indian           |
| <input type="checkbox"/> Tokelauen          | <input type="checkbox"/> Sri Lankan       |
| <input type="checkbox"/> Fijian             | <input type="checkbox"/> Japanese         |
| <input type="checkbox"/> Other Pacific*     | <input type="checkbox"/> Korean           |
| <input type="checkbox"/> British/Irish      | <input type="checkbox"/> Other Asian *    |
| <input type="checkbox"/> Dutch              | <input type="checkbox"/> Middle Eastern   |
| <input type="checkbox"/> Greek              | <input type="checkbox"/> Latin American   |
| <input type="checkbox"/> Polish             | <input type="checkbox"/> African          |
| <input type="checkbox"/> South Slav         | <input type="checkbox"/> Other *          |
| <input type="checkbox"/> Italian            | <input type="checkbox"/> Not Stated       |
| <input type="checkbox"/> German             |   |
| <input type="checkbox"/> Australian         |   |
| <input type="checkbox"/> Other European *   |   |

\* Please specify if "Other Pacific", "Other European", "Other Southeast Asian", "Other Asian" or "Other".

### Iwi: If you identified as New Zealand Māori, what is the name of your iwi (tribe or tribes) and rohe?

NOTE: You may enter more than one iwi, If you do not wish to identify with an iwi, please enter 'withheld'.

Iwi: \_\_\_\_\_ Rohe (iwi home area): \_\_\_\_\_  
Iwi: \_\_\_\_\_ Rohe (iwi home area): \_\_\_\_\_  
Iwi: \_\_\_\_\_ Rohe (iwi home area): \_\_\_\_\_

## YOUR CITIZENSHIP/RESIDENCY

Tick the box which describes your citizenship.

New Zealand Citizen  NZL      Australian Citizen  AUS       Other

If you answered "Other" please specify your citizenship and whether you are a New Zealand Permanent Resident:

Citizenship: \_\_\_\_\_

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

New Zealand Permanent Resident:  Yes  No      First language \_\_\_\_\_

**Please provide evidence of your age, citizenship or permanent residency by enclosing with this application form a verified copy of one of the following:**

- Your birth certificate, with your place of birth named as New Zealand
- Evidence of your citizenship
- Evidence of your residence
- Evidence of any name change (i.e verified copy of marriage certificate)

## PRIOR ACTIVITY

What was your MAIN activity or occupation in New Zealand at 1 October last year?

*You may tick only one box.*

- |  |  |
|--|--|
| <input type="checkbox"/> Secondary school student              | <input type="checkbox"/> Non-employed or beneficiary (excluding retired) |
| <input type="checkbox"/> Wage or salary worker                 | <input type="checkbox"/> Self-employed                                   |
| <input type="checkbox"/> University student                    | <input type="checkbox"/> Polytechnic or Institute of Tech. student       |
| <input type="checkbox"/> College of Education Student          | <input type="checkbox"/> House-person or retired                         |
| <input type="checkbox"/> Overseas (irrespective of occupation) | <input type="checkbox"/> Private training establishment student          |
| <input type="checkbox"/> Wānanga student                       |  |

## YOUR EDUCATION DETAILS

### Secondary School

*(Please enclose a verified copy of any secondary school qualifications)*

What was the name of the last secondary school you attended?  
State "overseas", if applicable.

What was your last year at secondary school?

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What is the highest level of achievement you hold from a secondary school?

*Tick only one box.*

- No formal secondary qualifications  
 14 or more credits at any level  
 NCEA Level 1 or School Certificate  
 NCEA Level 2 or 6th Form Certificate  
 University Entrance  
 NCEA Level 3 or Bursary or Scholarship  
 Overseas qualification (includes International Baccalaureate & Cambridge Exams) \*  
 Other \*

\* Please specify if "Overseas qualification" or "Other".

In what year did you gain this qualification?

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### Tertiary Study

*(Please enclose a verified copy of any tertiary qualifications)*

Will this be the first year you have ever enrolled in a University, Polytechnic, Institute of Technology, 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.  No  Yes

If you answered "No", please enter the name of the institution you studied at and year of your first enrolment.

Year

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What is the highest level of achievement you hold from a tertiary institution?

*Tick only one box.*

- No formal tertiary qualification(s)  
 Te Tari Puna Ora o Aotearoa/NZ Childcare Association Certificate in Childcare  
 University Degree  
 Other \*

\* Please specify if "Other".

Did you complete this qualification?  Yes  No

In what year did you gain this qualification?

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## YOUR IRD NUMBER

It is not compulsory to provide your IRD number. If you choose not to and are eligible for an interest write-off you will have to contact Inland Revenue directly. Inland Revenue will be able to send you an application form for a write-off.

IRD number:  -  -

## YOUR CONTACT DETAILS

### Address and contact details

Physical address (home): \_\_\_\_\_

Post Code: \_\_\_\_\_

*NZ Postcodes are available online, view [www.nzpost.co.nz](http://www.nzpost.co.nz)*

Home telephone number: (0 ) \_\_\_\_\_ Mobile phone number: \_\_\_\_\_

Fax number: (0 ) \_\_\_\_\_ Email address: \_\_\_\_\_

To comply with the Unsolicited Electronic Messages Act 2007, Te Tari Puna Ora o Aotearoa/NZ Childcare Association is required to request your consent to receive electronic (email) and text messaging from us. *Tick only one box.*

I give my consent to receive electronic/text messaging

I do not give my consent to receive electronic/text messaging

Postal address if different from above: \_\_\_\_\_

Post Code: \_\_\_\_\_

### Emergency contact

	1	2
Name of emergency contact:	_____	_____
Daytime telephone number: (0 )	_____	(0 ) _____

## YOUR EMPLOYMENT DETAILS

### Employment

What is the name of the early childcare centre where you are currently working?

\_\_\_\_\_

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

Post Code: \_\_\_\_\_

Telephone number: (0 ) \_\_\_\_\_

Fax number: (0 ) \_\_\_\_\_

Supervisor's/Kaiako's/Head Teacher's name: \_\_\_\_\_

How long have you been working there? Years: \_\_\_\_\_ Months: \_\_\_\_\_

How many child-contact hours do you work each week? \_\_\_\_\_

Position held: \_\_\_\_\_

## HOW DID YOU HEAR ABOUT US?

- Newspaper  
 TeachNZ  
 Word of mouth

- Fax  
 School  
 Other (specify): \_\_\_\_\_

- Internet  
 My Centre

- Mailout  
 Email

## DECLARATION

### Medical Condition

The purpose of collecting this information is to identify anything that may impede your performance as a student teacher or place children in your care at risk. You need to declare any medical or psychological condition, learning problem or disability that could limit your participation in our programme. If you answer 'yes' to any of the following questions you must provide further information in a separate sealed envelope addressed to The Team Leader, Student Management and Reporting, marked 'confidential' and include this with your application. Please also include a certificate from your specialist or GP for medical or psychological conditions.

Do you have

- medical condition
- psychological condition
- disability
- learning difficulties

Yes

No

Yes

No

Yes

No

Yes

No

Comment

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Conviction Details

Have you ever been charged or convicted of a criminal or driving offence?

This question should not be read as requiring you to disclose convictions in accordance with the Criminal Records (Clean Slate) Act 2004.

Yes

No

If yes, please supply a letter of explanation and two character references. Because teacher registration may not be granted to those with a criminal conviction we ask you to declare if you have any conviction(s) and to give permission for the Police to check on the "Consent to Disclosure" form.

### I understand that making a false statement is an offence under the Crimes Act 1961

Pursuant to Principle 11(d) of the Privacy Act 1993 I agree to the disclosure and use of the information on this form by Te Tari Puna Ora o Aotearoa to authorised bodies in response to requests under statutory authority.

I hereby declare that the information I have given above is true and correct. No information which could have a material bearing on my enrolment has been withheld. I understand that under the Privacy Act 1993 I have the right of access to all personal information held by Te Tari Puna Ora o Aotearoa about me (other than Confidential Referee Reports) and I also have the right to ask Te Tari Puna Ora o Aotearoa to correct any information which is inaccurate. I have an obligation to advise Te Tari Puna Ora o Aotearoa if/when any of the personal information I have provided changes.

I have read and understand the conditions of enrolment as stated in the Application Guide.

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**PLEASE MAKE SURE THAT YOU SIGN THE APPLICATION FORM ABOVE**





Te Tari Puna Ora o Aotearoa  
NZ Childcare Association

# Industry Endorsement/ Training Agreement

## Diploma of Teaching (ECE) National Diploma in Teaching (ECE, Pasifika)

Applicant's/Student's name: \_\_\_\_\_ Applicant's/Student's position: \_\_\_\_\_

Name of early childhood centre: \_\_\_\_\_

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

\_\_\_\_\_

Phone number (0 ): \_\_\_\_\_ Email: \_\_\_\_\_

Is the centre licensed?  Yes  No

Is the centre a member of Te Tari Puna Ora o Aotearoa/New Zealand Childcare Association?  Yes  No

Tick this box if you would like to receive information on centre membership.

Your name as centre representative: \_\_\_\_\_ Your position: \_\_\_\_\_

Liaison teacher's name: \_\_\_\_\_

Does the applicant/student hold a permanent position at the centre?  Yes  No

How many child-contact hours does the applicant/student work each week? \_\_\_\_\_

How long has s/he worked at the centre? \_\_\_\_\_

### DECLARATION

I have read the Application Guide and I confirm that the centre is willing to endorse this application.

We undertake to accept the centre responsibilities for training outlined in Section C (see over).

I (full name of centre representative)

\_\_\_\_\_

declare that to the best of my knowledge and belief, the information given in this application is true and correct.

Signature of centre representative: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Applicant/Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### NATIONAL OFFICE USE ONLY

Director Academic Programmes Te Tari Puna Ora o Aotearoa/NZ Childcare Association

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**NOTE:** A copy of this form will be sent to the centre once the student has been enrolled.

1. Te Tari Puna Ora o Aotearoa/NZ Childcare Association (herein referred to as NZCA) reserves the right to make changes to the programme, programme requirements and/or delivery arrangements, throughout the period of a student's enrolment. Wherever possible, such change would be preceded by consultation with students and their centres and every effort made to minimise any inconvenience to either party.
2. Should student numbers at a base drop to the point where the class size becomes unviable students may need to attend classes at the nearest other teaching base and would need to meet their own travel costs.

## TRAINING AGREEMENT

NZCA is committed to the promotion and maintenance of high standards of early childhood education and care in New Zealand, and to the implementation of Te Tiriti o Waitangi. The following agreement is in recognition of the importance of the relationship between Student, Early Childhood Centre, Teaching Staff and NZCA, which supports the student to achieve the Diploma of Teaching (ECE) /National Diploma in Teaching (ECE, Pasifika).

### **A Te Tari Puna Ora o Aotearoa/NZ Childcare Association agrees to the following:**

1. To provide a programme of study leading to a Diploma of Teaching (ECE)/National Diploma in Teaching (ECE, Pasifika) that is recognised and approved by the New Zealand Qualifications Authority and the New Zealand Teachers Council.
2. To liaise regularly with centres, so they are informed about the programme.
3. To seek and respond to feedback from centre managers/supervisors regarding the programme.
4. To involve centre representatives in national working parties, where appropriate.

**NOTE:** Information about a student's progress can only be released to the centre manager if the student provides written approval.

### **B The student agrees to the following:**

1. To abide by NZCA rules, regulations and standards of practice as detailed in the Student Handbook.
2. To respect the role of Lecturer/Pouako, and the interactions that take place in the learning environment (including centre and classroom), and maintain confidentiality at all times.
3. To respect the learning environment and property of NZCA.
4. To take responsibility for his/her own learning, utilising the learning opportunities made available.
5. To abide by any agreements between themselves, their Lecturers/Pouako, fellow students and any other interested parties, e.g. centre supervisor/management.
6. To abide by the law and if charged with a criminal offence to report this to the Director of Academic Programmes within 5 working days.

### **C The early childhood centre agrees to the following:**

1. To abide by the Education (Early Childhood Centres) Regulations 1998 and any amendments.
2. To allow Lecturers/Pouako to make regular assessment visits throughout the programme and schedule time at the end of each visit for individual feedback and professional discussion, involving student, liaison teacher and lecturer/pouako.
3. To provide the student with a minimum of 15 hours per week (during the teaching term) of supervised teaching experience in the centre (i.e. working with children across the whole curriculum). NB: When the student is unable to meet any of the course requirements in their usual childhood setting, release time will be given to enable this to be undertaken in another early childhood setting.
4. To complete programme evaluation forms sent out from National Office (once per year).
5. **Diploma of Teaching (ECE):** To release the student from the Early Childhood Centre for a period of three weeks in year 1 and 4 weeks in both years 2 and 3 at a time specified by NZCA. This is to meet the New Zealand Teachers Council's practicum requirements of a teacher education programme.
6. To enable the student to be out of ratio for nine days over the 3 stages of the programme to meet the NZ Teachers Council requirement. This will include the time the student is out of ratio for the teaching practice assessment that occurs in the home centre three times a year.
7. To support the student to complete course requirements including: One day per week release time for weekly tutorials, negotiated times for practical assignments in the centre and opportunities to be involved in all aspects of the early childhood curriculum.
8. **National Diploma in Teaching (ECE, Pasifika):** To release the student from the Early Childhood Centre for a period of four weeks in years 1, 2 and 3, at a time specified by NZCA and four days above ratio in their home centre in Stage 3. This is to meet the New Zealand Teachers Council's practicum requirements of a teacher education programme.
9. To support the student to complete course requirements including: one and a half days per week release time for weekly tutorials, negotiated times for practical assignments in the centre and opportunities to be involved in all aspects of the early childhood curriculum.



Te Tari Puna Ora o Aotearoa  
NZ Childcare Association

# Confidential Referee's Report

## Diploma of Teaching (ECE) National Diploma in Teaching (ECE, Pasifika)

### To the referee:

This report asks you for your comments on the applicant's suitability to undertake a teacher education programme. Please be frank and honest. This report should be completed by someone who has observed the applicant working in an early childhood setting with children, i.e. centre manager, centre supervisor. The referee must not be a relative. The report will remain confidential to Te Tari Puna Ora o Aotearoa/New Zealand Childcare Association and the information you provide will not be seen by the applicant.

### Please complete this report as soon as possible and send it to:

Applications Coordinator, Student Management and Reporting  
Te Tari Puna Ora o Aotearoa/New Zealand Childcare Association  
PO Box 12 725  
Thorndon  
Wellington 6144

The applicant's application cannot proceed until we receive your report.

Thank you for taking the time to do this – we appreciate your help.  
If you have any queries, please phone 04 473 4672 or 0800 CHILDCARE  
or email us at [enrol@nzca.ac.nz](mailto:enrol@nzca.ac.nz).

Applicant's name: \_\_\_\_\_

Please indicate which programme the applicant is applying for:

Diploma of Teaching (ECE)  National Diploma in Teaching (ECE, Pasifika)

Your Name: \_\_\_\_\_

Your phone number (daytime): (0 ) \_\_\_\_\_

Your address: \_\_\_\_\_

How long have you known the applicant? from \_\_\_\_\_ to \_\_\_\_\_

What is your relationship with the applicant \_\_\_\_\_

I consider I know the applicant well enough to complete this report. *Please tick box*

What are the applicant's special interests, skills and activities? \_\_\_\_\_

\_\_\_\_\_

**Have you had the opportunity to observe the applicant's relationship with people, particularly with:**

	Yes	To some extent	No
Infants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toddlers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Young children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor/Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents/guardians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If so, what were your impressions?** \_\_\_\_\_

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Do you think the applicant has the academic ability to succeed in this programme?  Yes  Uncertain  No

**Please give examples to support your statement**

Professional development: \_\_\_\_\_

In-service training: \_\_\_\_\_

Workshops/staff meetings: \_\_\_\_\_

Involvement in programme planning: \_\_\_\_\_

Leadership skills: \_\_\_\_\_

Do you believe the applicant has the determination and stamina to cope with the demands of teaching in an early childhood setting?  Yes  Uncertain  No

**Please comment if you wish:** \_\_\_\_\_

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Are there any special personal circumstances the selection committee should know about when considering this applicant?

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**Please indicate the applicant's personal abilities with a tick in the appropriate box:**

	Outstanding	Above average	Average	Below average	Causing concern
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Co-operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General wellbeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Particular aspects for comment:** \_\_\_\_\_

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Do you consider this applicant has an understanding of and sensitivity towards equity issues? (e.g. Te Tiriti o Waitangi, sexism, racism, differing abilities)  Yes  Uncertain  No

**Please comment if you wish:** \_\_\_\_\_  
\_\_\_\_\_

Do you know of anything that shows this applicant is **not** reliable?

Yes  Yes, but I prefer to be contacted about the details  Yes, and details are given below  No

**Overall recommendation:** *(please tick the appropriate box)*

I recommend the applicant without reservation as an excellent prospect for teaching young children

I have some reservations but would recommend the applicant as a good prospect for teaching *(please indicate reservation):*

\_\_\_\_\_  
\_\_\_\_\_

I have some reservations but would prefer to be contacted

I doubt the applicant's suitability for teaching

I think the applicant is unsuitable for teaching

**Please add any comments you would like to make:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Position held: \_\_\_\_\_

**Signed:** \_\_\_\_\_

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



Te Tari Puna Ora o Aotearoa  
NZ Childcare Association

# Consent to Disclosure of Information

## Diploma of Teaching (ECE)

## National Diploma in Teaching (ECE, Pasifika)

I (surname): \_\_\_\_\_ (given names): \_\_\_\_\_

Maiden or any other names used: \_\_\_\_\_

Sex:  M  F Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of Birth: \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

NZ Drivers Licence Number: \_\_\_\_\_

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Te Tari Puna Ora o Aotearoa/NZ Childcare Association. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed: \_\_\_\_\_

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

**COMMENTS OF THE NEW ZEALAND POLICE:**



# Applicant/Student ID Application Form

## Diploma of Teaching (ECE)

## National Diploma in Teaching (ECE, Pasifika)

If you are selected, your photo will be scanned for your ID card and then placed on file. ID cards will be issued once payment of fees have been confirmed. Replacement ID cards can be issued but may incur a replacement fee.

A recent photograph of you is required. The photograph must be:

- Identical passport dimensions
- No coloured photocopies
- No more than twelve months old
- A full, front view of your head, face and shoulders
- Clear and well lit, against a plain or light coloured background

### FOR OFFICE USE ONLY

Teaching Base	
NZCA ID	
Expiry Date	
Scanned	
Issued	

### PART A: TO BE COMPLETED BY THE APPLICANT/STUDENT

Applicant/Student's name in full: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Name to appear on ID card: \_\_\_\_\_

I confirm that the name and address details shown on this form are correct and that the photo is a true likeness of myself.

Signed: \_\_\_\_\_

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

Attach photo here with tape.

Do not bend photo when folding form.

Photos will not be returned.

### PART B: TO BE TO BE COMPLETED BY THE 'IDENTIFIER'

Identifier's name in full: \_\_\_\_\_

I have known \_\_\_\_\_ (the applicant/student) for a minimum of twelve months. I confirm that the name and address details shown on this form are correct and that this photo is a true likeness.

**Please write the applicant/student's name on the back of the photo and sign and date it.**

Signed: \_\_\_\_\_

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