



Application Form Te Puka Tono

Bachelor of Teaching (ECE)

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 any additional documentation required.

QUALIFICATION NGĀ TOHU MĀTAURANGA

Bachelor of Teaching (Early Childhood Education)

Which teaching base would you like to study at? _____
(see *Application Guide*)

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

*If yes, what was your student ID number? _____

What was your last year of enrolment? _____

YOUR PERSONAL DETAILS ĀU TAIPITOPITO WHAIARO

Legal surname or family name: _____

Legal first or given 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: _____ / _____ / _____
Day Month Year

Gender: Male Female

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

- -

FOR OFFICE USE ONLY HEI WHAKAMAHI MĀ TE TARI ANAKE

Date received: _____ / _____ / _____

Documentation checklist: AF IE/TA CRR SID DI
 VI CR LAS QUAL ECEE/WH
Other:

Entered Entry requirements met Approved for interview Selected Declined

YOUR ETHNICITY TE IWITANGA

What ethnic group(s) do you belong to?

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

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

*If you ticked Other Pacific, Other European, Other Southeast Asian, Other Asian or Other, what is your ethnicity?

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 TE KIRIRARAUTANGA

Tick the box that describes your citizenship. Please provide evidence of your age, citizenship or permanent residency by enclosing with this application form relevant verified copies of one of the following:

New Zealand citizen

- New Zealand birth certificate
- New Zealand passport
- Certificate of New Zealand citizenship or letter of confirmation
- Birth certificate with place of birth stated as Cook Islands, Niue or Tokelau

New Zealand permanent resident

- Passport with New Zealand permanent residency page or stamp

Australian citizen or permanent resident

- Australian birth certificate
- Australian passport
- Passport with Australia permanent residency page or stamp

PRIOR ACTIVITY NGĀ MAHI I MUA

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

- | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------|
| <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 technology student |
| <input type="checkbox"/> Overseas (irrespective of occupation) | <input type="checkbox"/> Houseperson or retired |
| <input type="checkbox"/> Private training establishment student | <input type="checkbox"/> Wānanga student |

You may tick only one box.

MEDICAL CONDITIONS & DISABILITY NGĀ ĀHUATANGA RATA, HAUĀ HOKI

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.

Do you live with the effects of an injury, long term illness or any disability? Yes* No

*If yes, specify:

Medical condition Yes No _____
Psychological condition Yes No _____
Disability Yes No _____

Do you have any learning difficulties that impact on your ability to study? Yes* No

*If yes, please specify _____

If you answer yes to any of the above 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.

LANGUAGE TE REO

Is English or te reo Māori your first language? Yes No*

*If no, please specify

Oral language: _____ Written language: _____

Are you proficient in any two languages? Yes* No

*If yes, please specify _____

YOUR EDUCATION DETAILS – SECONDARY SCHOOL NGĀ TAIPITOPITO MĀTAURANGA – KURA TUARUA

(You must provide verified copies 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?

What is the highest level of achievement you hold from a secondary school? *Tick only one box.*

- No formal secondary qualifications. If no, how many years did you attend? _____
- 14 or more credits at any level
- NCEA Level 1 or School Certificate
- NCEA Level 2 or Sixth Form Certificate
- University Entrance
- NCEA Level 3 or Bursary or Scholarship
- Overseas qualification or other (includes International Baccalaureate & Cambridge International exams)*

*Please specify _____

In what year did you gain this qualification?

YOUR EDUCATION DETAILS – TERTIARY STUDY NGĀ TAIPITOPITO MĀTAURANGA – MĀTAURANGA MATUA

(Please enclose a verified copy of any tertiary qualifications)

Have you successfully completed a bridging or foundation course? No Yes*

*If yes, please specify _____

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 'no', please enter the name of the institution you studied at and the year of your first enrolment.

_____ Year:

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Name of institution

Name of completed qualification: _____

Year attained: _____ NZQA level: _____

If you did not complete, please specify level of attainment: _____

LANGUAGE OF INSTRUCTION TE REO O TE AKOMANGA

Was English or te reo Māori the language of instruction for secondary or tertiary qualification/s?

Yes No*

*If no, please specify:

- your language of instruction: _____
- any English language competency test (e.g. IELTS) that you have completed.

Name of test: _____ Score: _____ Year taken: _____

YOUR IRD NUMBER TE TAU IRD

It is not compulsory to provide your IRD number. If you choose not to and are eligible for a student loan 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:

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YOUR CONTACT DETAILS NGĀ TAIPITOPITO HOAPĀ

Please ensure this is kept up to date at all times and advise us of any changes.

Physical address (home): _____

Postcode: _____

NZ Postcodes are available online – see www.nzpost.co.nz

Postal address if different from above: _____

Postcode: _____

Home telephone: (0) _____ Mobile: (0) _____

Fax: (0) _____ Email: _____

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

YOUR EMERGENCY CONTACTS NGĀ HOAPĀ OHORERE

Names of emergency contacts	1. _____	2. _____
Relationship to you	_____	_____
Daytime telephone	(0) _____	(0) _____
Mobile	(0) _____	(0) _____
Home	(0) _____	(0) _____

YOUR CENTRE DETAILS AND ECE EXPERIENCE NGĀ TAIPITOPITO A TE POKAPŪ MAHI, NGĀ WHEAKO ECE HOKI

The name of the early childcare centre where you will work during study: _____

Centre address: _____

Postcode: _____

Centre telephone number: (0) _____ Fax number: (0) _____

Position held: _____

Previous ECE experience: _____

CONVICTION DETAILS NGĀ TAIPITOPITO WHAKAHARA

Have you ever been charged or convicted of a criminal or driving offence? Yes* No

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

*If yes, please supply a detailed letter of explanation. Because teacher registration may not be granted to those with a criminal conviction, you must declare if you have any conviction(s) and give permission on the Consent to Disclosure of Information for your details to be submitted to the New Zealand Police.

DECLARATION WHAKAPUAKITANGA

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/NZ Childcare Association 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 that 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/NZ Childcare Association about me (other than confidential referee reports) and I also have the right to ask Te Tari Puna Ora o Aotearoa/NZ Childcare Association to correct any information that is inaccurate. I have an obligation to advise Te Tari Puna Ora o Aotearoa/NZ Childcare Association if/when any of my personal information changes.

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

Signed: _____ Date: _____ / _____ / _____
Day Month Year

PLEASE MAKE SURE THAT YOU SIGN AND DATE THE DECLARATION ABOVE

HOW DID YOU HEAR ABOUT US? I RONGO KŌRERO KOE MŌ MĀTOU I HEA?

- Newspaper
- Fax
- Internet
- Mailout
- TeachNZ
- School
- My centre
- Email
- Word of mouth
- Other (specify): _____

HAVE YOU REMEMBERED EVERYTHING? KUA MAUMAHARA I A KOE KI NGĀ MEA KATOĀ?

Before you send in your application, please check that you have:
(see *Application Guide*)

- completed all sections of the Application Form (enter N/A where a question doesn't apply to you)
- signed the Application Form
- enclosed the Industry Endorsement/Training Agreement
- enclosed the Consent to Disclosure of Information
- enclosed the Student ID Application Form
- enclosed a verified copy of your identification in your current name and verified evidence of your New Zealand citizenship or permanent residency
- enclosed a written character reference from someone you know
- enclosed a handwritten letter about yourself and why you want to become an early childhood teacher and relevant work experience
- enclosed a verified copy of secondary and tertiary qualifications, if applicable
- enclosed a summary of work history.

If you wish to have receipt of this application acknowledged, please advise your email address

My email address is: _____

FOR MORE INFORMATION MŌ ĒTAHI ATU KŌRERO

Phone: 0800 244 532 **Email:** enrol@nzca.ac.nz **Website:** www.nzca.ac.nz

Send your complete application to:

Applications Coordinator, Student Management and Reporting
Te Tari Puna Ora o Aotearoa/NZ Childcare Association

Post: PO Box 12 725 Thorndon Wellington 6144	Courier: Level 4, 191 Thorndon Quay Thorndon Wellington 6011
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FOR OFFICE USE ONLY HEI WHAKAMAHI MĀ TE TARI ANAKE

Notes



Te Tari Puna Ora o Aotearoa
NZ Childcare Association

Consent to Disclosure of Information

Te Whakaaetanga kia Whakaputaina ngā Mōhiohio

CONTACT DETAILS NGĀ TAIPITOPITO HOAPĀ

Surname or family name: _____

First or given name(s): _____

Maiden or any other names used: _____

Gender: Male Female Date of Birth: _____ / _____ / _____
Day Month Year

Place of birth: _____

Nationality: _____

Address: _____

NZ drivers licence number: _____

I hereby consent to the disclosure to Te Tari Puna Ora o Aotearoa/NZ Childcare Association by the New Zealand Police of any information they may have pursuant to this application. 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: _____ / _____ / _____
Day Month Year

COMMENTS OF THE NEW ZEALAND POLICE: NGĀ KŌRERO A NGĀ PIRIHIMANA O AOTEAROA:



Te Tari Puna Ora o Aotearoa
NZ Childcare Association

Student ID Application Form

Te Puka Tono ID Akonga

If you are selected for a Te Tari Puna Ora o Aotearoa/NZ Childcare Association programme, your photo will be scanned for your ID card and then placed on file. ID cards will be issued once payment of fees has been confirmed. Replacement ID cards can be issued but will incur a replacement fee.

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

- be identical to passport photograph dimensions
- not be a coloured photocopy
- not be more than 12 months old
- be a full, front view of your head, face and shoulders
- be 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 WĀHANGA A: HEI WHAKAKĪ MĀ TE KAITONO/AKONGA RĀNEI

Name in full: _____

Address: _____

Preferred first name to appear on ID card: _____
(no nicknames)

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: _____ / _____ / _____
Day Month Year

Ensure the applicant/
student's name is written
on the back of the photo
and signed and dated by
the identifier.

Do not bend photo when
folding form.

Photos will not be returned.

PART B: TO BE COMPLETED BY THE IDENTIFIER WĀHANGA B: HEI WHAKAKĪ MĀ TE KAITAUTUHI

Identifier's name in full: _____

I have known _____ (the applicant/student) for a minimum period of 12 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: _____ / _____ / _____
Day Month Year



Te Tari Puna Ora o Aotearoa
NZ Childcare Association

Industry Endorsement/Training Agreement Te Whakamanatanga Ahumahi/ Whakaaetanga Whakangungu

APPLICANT/STUDENT INFORMATION NGĀ MŌHIOHIO KAITONO/AKONGA

Name in full: _____ Position held: _____

Please tick as applicable: Permanent Voluntary Relieving Other*

* Please specify: _____

How long has the person worked at the centre? _____

How many child-contact hours are worked each week? _____

Base student will study at: _____

CENTRE INFORMATION NGĀ MŌHIOHIO POKAPŪ

Name of early childhood centre: _____

Is the centre licensed? Yes No

Your name as centre representative: _____

Your position: _____

Liaison teacher's name: _____

Centre address: _____

Phone number: (0) _____ Fax number: (0) _____

Email: _____

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.

I give my consent to receive electronic/text messaging. 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.

TRAINING AGREEMENT TE WHAKAAETANGA WHAKANGUNGU

The following agreement is in recognition of the importance of the relationship between the student, their early childhood centre and Te Tari Puna Ora o Aotearoa/NZ Childcare Association (NZCA), in order to support the student to achieve their ECE teaching qualification.

Please note the following:

1. A copy of this form will be sent to the centre once the student has been enrolled.
2. Information about a student's progress can only be released to the centre manager if the student provides written approval.
3. 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.
4. 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 teaching base and would need to meet their own travel costs.

A NZCA agrees to the following:

1. To provide a programme of study leading to an ECE teaching qualification 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.

B The student agrees to the following:

1. To abide by NZCA rules, regulations, standards of practice and code of conduct 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 Chief Executive within five 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 the student, liaison teacher and lecturer/pouako.
3. **Home centre hours:** To provide the student with a liaison teacher and supervised teaching experience in the centre (i.e. working with children across the whole curriculum). Note: 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 as follows:
 - Bachelor of Teaching (ECE) – 12 hours per week.
4. **Practicum:** To release the student from the early childhood centre at a time specified by NZCA as follows:
 - Bachelor of Teaching (ECE) – four weeks in years one and two and five weeks in year three (one + four).This is to meet the New Zealand Teachers Council's practicum requirements.
5. **Course requirements:** To support the student to complete course requirements including the following:
 - Bachelor of Teaching (ECE) – 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.

DECLARATION TE WHAKAPUAKITANGA

I have read the Industry Endorsement/Training Agreement 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 above.

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: _____ / _____ / _____
Day Month Year

Applicant/student signature: _____ Date: _____ / _____ / _____
Day Month Year

NATIONAL OFFICE USE ONLY HEI WHAKAMAHI MĀ TE TARI ANAKE

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

Signature: _____ Date: _____ / _____ / _____
Day Month Year



Te Tari Puna Ora o Aotearoa
NZ Childcare Association

Confidential Referee's Report

Te Pūrongo Matatapu a te Kaitautoko

Bachelor of Teaching (ECE)

Note the following:

- The applicant's application cannot proceed until we receive this referee's report.
- 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 of the applicant.**

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.

The report will remain confidential to Te Tari Puna Ora o Aotearoa/NZ 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/NZ Childcare Association
PO Box 12725, Thorndon, Wellington 6144

or via courier to Level 4, 191 Thorndon Quay, Wellington 6011

If you have any queries, please phone 04 473 4672 or 0800 CHILDCARE or email us at enrol@nzca.ac.nz

APPLICANT'S DETAILS NGĀ TAIPITOPITO KAITONO

Applicant's name in full: _____

REFEREE'S DETAILS NGĀ TAIPITOPITO KAITAUTOKO

Your name in full: _____

Your place of work: _____ Position held: _____

Your daytime telephone: (0) _____

Your postal address: _____

Your relationship to the applicant: _____

I consider I know the applicant well enough to complete this report.

I have known the applicant from _____ to _____

SPECIAL INTERESTS AND ABILITIES NGĀ PAINGA, PŪMANAWA MOTUHAKE

What are the applicant's special interests, skills and abilities? _____

RELATIONSHIPS WITH PEOPLE TE PIRINGA KI TE TĀNGATA/TE ĀHUA KI TE TĀNGATA

Have you had the opportunity to observe the applicant's relationships and teaching ability 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"/>
Centre 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? _____

ACADEMIC ABILITY NGĀ PŪMANAWA MĀTAURANGA

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

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

Provide evidence to support your judgements:

Children's assessment: _____
Professional development: _____
Staff meetings: _____
Programme planning: _____
Administration and leadership responsibilities: _____
Any further comment: _____

PERSONAL AND PROFESSIONAL DISPOSITIONS NGĀ TUAKIRI WHAIARO, NGAIO HOKI

Please mark the continuum:

	Above Average		Average		Below Average
	5	4	3	2	1
Leadership	_____	_____	_____	_____	_____
Collaboration	_____	_____	_____	_____	_____
Emotional intelligence	_____	_____	_____	_____	_____
Communication skills	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Reliability	_____	_____	_____	_____	_____
Compassion	_____	_____	_____	_____	_____
Ethical behaviour	_____	_____	_____	_____	_____
Openness	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
	5	4	3	2	1

Please comment: _____

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: _____

OVERALL RECOMMENDATION TE WHAKATAU MATUA

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

Do you know of anything that indicates this applicant is **not** professional? Yes* No

*If yes, please specify and/or indicate if you would like to be contacted to discuss this: _____

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.
- 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 specify any reservations: _____

Signed: _____ Date: _____ / _____ / _____
Day Month Year

PAYMENT OPTIONS NGĀ KŌWHIRINGA UTU

Please tick the relevant box:

- I will pay for RPL as per NZCA fee schedule.
- I will continue with the selection process and start in stage one for the next intake.

DECLARATION TE WHAKAPUAKITANGA

Please tick both boxes and sign:

- I have enclosed a complete application form.
- I understand that I must be eligible for selection before my RPL assessment will proceed.

Signature of applicant: _____ Date: _____ / _____ / _____
Day Month Year