

## International Student Application Form 2020

Please read the form and student declaration carefully and complete all relevant sections before you sign the application form.

**Applicant is under 18 years of age?**

Yes (Complete Appendix 1)  No

NOTE: If applicant is under 18 years of age, all correspondence regarding your application will be forwarded to your agent and/or to your parent/legal guardian.

| Personal Details (as shown on passport)  |  |       |      |              |  |
|--|--|-------|------|--------------|--|
| Family Name  |  |       |      | Given Name/s |  |
| Title  | Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____ |       |      |              |  |
| Date of birth:   | DD   | MM    | YYYY | Age          |  |
| Passport number  |  |       |      | Citizenship  |  |
| Gender:  | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other         |       |      |              |  |
| <p>If you have a disability and/or medical condition (including allergies) that may require Seafield to provide assistance, please outline your needs below. (NOTE: This information will remain confidential).</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please specify: _____</p> |  |       |      |              |  |
| Parent/Legal Guardian Full Name (for under 18's only):   |  |       |      |              |  |
| Contact Details  |  |       |      |              |  |
| Applicant's Contact Details  |  |       |      |              |  |
| Address (Home Country)   |  |       |      |              |  |
| Landline/Mobile (+Area Code)   |  | Email |      |              |  |
| Parent/Legal Guardian or Emergency Contact Details (Home Country)  |  |       |      |              |  |
| Address  |  |       |      |              |  |
| Landline/Mobile (+Area Code)   |  | Email |      |              |  |
| New Zealand Emergency Contact Details (if Any)   |  |       |      |              |  |
| Full Name  |  |       |      |              |  |
| Relationship to applicant  |  |       |      |              |  |
| Address  |  |       |      |              |  |
| Landline/Mobile (+Area Code)   |  | Email |      |              |  |

| Programmes in which you wish to enrol (please find full programme information at seafield.ac.nz)  |                   |                      |  |
|---|-------------------|----------------------|--|
| Programme Name  | Cohort start date | Length of course     |  |
| 1 <sup>st</sup>   |                   |                      |  |
| 2 <sup>nd</sup>   |                   |                      |  |
| What are your career intentions and goals? How will pursuing this programme of study assist you in achieving those goals?   |                   |                      |  |
|   |                   |                      |  |
| What are your immediate plans after you have completed this programme?  |                   |                      |  |
|   |                   |                      |  |
| <input type="checkbox"/> I understand and agree that the outcomes of the programme align with my requirements   |                   |                      |  |
| Academic Background   |                   |                      |  |
| <b>Secondary School/High School</b>   |                   |                      |  |
| Highest Qualification Gained  | Name of School    | Country              | Last Year at Secondary                                   |
|   |                   |                      |  |
| <b>Tertiary Study (University, Technical College, other)</b>  |                   |                      |  |
| Qualification   | Name of School    | Country              | Last Year at Tertiary                                    |
|   |                   |                      |  |
| Work Experience   |                   |                      |  |
| Do you have any work experience relevant to the programme you are applying for?<br>If yes, please attach relevant references and/or job offer letters for each position listed below: |                   |                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Position Held   | Name of Employer  | Period of Employment |  |
|   |                   |                      |  |
|   |                   |                      |  |
| English Proficiency   |                   |                      |  |
| What is your first language?  |                   |                      |  |
| IELTS Overall Score   | Score:            | Date obtained:       |  |
| Other (Please specify)  | Score:            | Date obtained:       |  |
| <input type="checkbox"/> I have booked in IELTS, PTE, TOEFL or recognised equivalent test on: _____ (provide date)  |                   |                      |  |
| <input type="checkbox"/> I am applying without an English Language test and would like my previous education to be considered as evidence of my English language ability.             |                   |                      |  |

| Insurance, Accommodation and Airport pick-up   |  |
|--|--|
| <p><b>Travel/Medical insurance is compulsory for international students in New Zealand and must be confirmed BEFORE arrival to New Zealand.</b></p> <p>Do you want Seafield to arrange insurance?<br/>If yes, please specify date that you wish your insurance cover to begin.</p>   | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date: _____</p>   |
| <p>Do you want Seafield to arrange your accommodation before arrival?<br/>If yes, fill out "Homestay Application Form" (Appendix 2) at least four weeks before your arrival date and pay for the accommodation fees with your tuition fees.</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>  |
| <p>Do you want Seafield to arrange your airport pick-up?<br/>If yes, please specify which airport, report your flight details at least four weeks before your arrival date to Seafield, and pay the airport pick-up fee with your tuition fees.</p>  | <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Auckland <input type="checkbox"/> Hamilton <input type="checkbox"/></p> |
| Where or how did you find out about Seafield? (Please tick)  |  |
| <p>Seafield Registered Agent <input type="checkbox"/> Seafield Staff <input type="checkbox"/> Family/Friends <input type="checkbox"/> Internet <input type="checkbox"/> _____<br/>           Advertisement <input type="checkbox"/> _____ Other <input type="checkbox"/> _____<br/>           _____</p>  |  |
| Agent Contact (For approved Agent, if applicable)  |  |
| Agent Name   |  |
| Manager  |  |
| Email  |  |
| Contact number   |  |
| Privacy  |  |
| <p><b>Privacy</b> – The Organisation collects and stores information from this form to comply with the requirements of the Ministry of Education (MOE), New Zealand Qualifications Authority (NZQA), Tertiary Education Commission (TEC), Industry Training Organisations (ITO), Ministry of Social Development, Inland Revenue Department (IRD), Department of Immigration and Agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards) and employers. The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational organisations for the purpose of verifying academic records.</p> <p>In addition, when required by statute, the organisation releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC).</p> <p>In signing this enrolment form you authorise such disclosure on the understanding that the Organisation will observe the general conditions governing the release of information, as set out in the Privacy Act 1993 and the Post-Compulsory Unique Identifier Code of Practice. You may see any information held about you and amend any errors in that information. To do so, contact the Enrolment Officer.</p> <p><b>NB:</b> The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires the Organisation to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the <a href="#">Act</a>.</p> <p><b>Fees</b> – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The Organisation’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.</p> <p><b>Rules</b> – In signing this enrolment form you undertake to comply with the published rules and policies of the Organisation with regard to attendance, academic progress, standard of dress, health and safety, and behaviour.</p> |  |

## DECLARATION BY APPLICANT

I, \_\_\_\_\_ declare that to the best of my knowledge, all the information supplied on, and with this application form is true and complete. I agree to abide by the conditions above, and I consent to the disclosure of personal information as described above.

|   |  |           |  |      |  |
|---|--|-----------|--|------|--|
| Applicant name  |  | Signature |  | Date |  |
| <b>To be signed by parent if applicant is under 18 years of age</b> |  |           |  |      |  |
| Parents name  |  | Signature |  | Date |  |

Have you completed all relevant sections on this form? Please ensure you have attached all necessary documents

Certified Copy of Passport  Certified Copy of English test (Academic IELTS, PTE, TOEFL or equivalent)   
 Certified copies of all relevant Academic transcripts (in English)  Evidence of relevant work experience

Sign this form above and send your application to your Agent or to us below:

**International Enrolment Officer**

**P.O. Box 151293, New Lynn, Auckland 0600**

Phone: +64 9 827 6100

Email: [study@seafield.ac.nz](mailto:study@seafield.ac.nz)

## APPENDIX 1

### International Student Under 18 Application Form 2020

This form is required for international students **under 18 years of age**. Under the Ministry of Education's Code of Practice, you are required to provide the following information:

| Applicant Details |  |               |            |     |       |        |
|-------------------|--|---------------|------------|-----|-------|--------|
| Full Name         |  | Date of Birth | DD/MM/YYYY | Age | Years | Months |

| Parent/Legal Guardian Details (To be completed by Parent/Legal Guardian only) |  |
|---|--|
| Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/>       |  |
| Full Name   |  |
| Address   |  |
| Contact number  |  |
| Email   |  |

#### To be completed by the applicant's parent/legal guardian only

- I/We, as the parents/legal guardians\* of \_\_\_\_\_ (Applicant Name), have chosen for our ward to stay with a Designated Caregiver (as outlined below) that has not been arranged by Seafield.
- I/We take full responsibility for the placement and ongoing welfare of the applicant for the duration of their stay with the Designated Caregiver.
- If Seafield deem the accommodation to be unsuitable, the school retains the right to refuse enrolment to the applicant until suitable alternate accommodation can be found.

You are required to provide us with the following information about the Designated Caregiver. This Caregiver will be visited by Seafield to ensure that they meet with our Designated Caregiver regulations and responsibilities. The Designated Caregiver will be required to sign a Dedicated Caregiver agreement with the school.

| Designated Caregiver Details |  |
|------------------------------|--|
| Full Name                    |  |
| Relationship to applicant    |  |
| Address                      |  |
| Contact number               |  |
| Email                        |  |

Signature of Parents/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\*You are required to attach proof of your parentage/legal guardianship status. This can be the applicant's birth certificate with the parent's name/s on it, or a legal document stating you have legal guardianship over this applicant (an agent cannot fill in this section or sign on behalf of a parent/legal guardian).

## APPENDIX 2

### International Student Homestay Application Form 2020

Under the New Zealand Ministry of Education's Code of Practice for the Pastoral Care of International Students, if you are **under 18 years of age**, you are required to complete **Appendix 1**.

| SECTION 1: Personal Details (as shown on passport)   |  |  |  |                              |                             |
|--|--|--|--|------------------------------|-----------------------------|
| Family Name  |  | Given Name/s   |  |                              |                             |
| Date of Birth  | DD/MM/YYYY   | Nationality  |  |                              |                             |
| Gender   | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |  |  |                              |                             |
| Student ID (If you were a student at Seafield before)  |  |  |  |                              |                             |
| What language(s) do you speak?   |  |  |  |                              |                             |
| Email  |  |  |  |                              |                             |
| Programme of Study   |  |  |  |                              |                             |
| Start Date   |  | Finish Date  |  | Campus                       |                             |
| SECTION 2: Arrival Information<br>(We require your flight details at least 2 weeks prior to your arrival. Please provide the confirmed flight details) |  |  |  |                              |                             |
| Date of Arrival  | DD/MM/YYYY   | Time of Arrival  |  |                              |                             |
| City of Arrival  |  | Airline Number   |  |                              |                             |
| OR are you already in New Zealand?   |  | Yes <input type="checkbox"/> No <input type="checkbox"/> |  |                              |                             |
| SECTION 3: Emergency Contact Details   |  |  |  |                              |                             |
| Full Name  |  | Relationship   |  |                              |                             |
| Contact number   |  | Email  |  |                              |                             |
| Address  |  |  |  |                              |                             |
| SECTION 4: Length of Stay in Homestay  |  |  |  |                              |                             |
| 4 weeks only (minimum stay) <input type="checkbox"/> More than 4 weeks <input type="checkbox"/>  |  |  |  |                              |                             |
| SECTION 5: Health, Dietary and Accommodation Requirements (The purpose of this section is to help Seafield assist you during your stay in New Zealand) |  |  |  |                              |                             |
| Do you have a disability or medical condition? (i.e. asthma, epilepsy, diabetes, eyesight problems etc.)   |  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever been treated for any mental health issues? (i.e. depression, bipolar, eating disorder, autism etc.)                                      |  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you taking any medication at the moment? (i.e. pain medication, anti-depressants, heart pills, insulin etc.)                                       |  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any allergies to medication, animals and/or foods? (i.e. bees, penicillin, dairy, shellfish etc.)  |  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you had surgery or any major injuries in the past 5 years? (i.e. broken bones, head trauma etc.)  |  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

|   |  |
|---|--|
| Do you smoke? (this includes cigarettes or vaping)  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If you have answered 'yes' to any of the above, please provide additional information here  |  |
|   |  |
| Some host families have children living in the home. What age children are you happy to live with?<br>Little Ones (0-4 years) <input type="checkbox"/> Children (5-12 years) <input type="checkbox"/> Teenagers (13+ years) <input type="checkbox"/> No children <input type="checkbox"/> |  |
| Are you happy to live in a home with pets?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| Signature  |  |      |            |
|--|--|------|------------|
| Full Name of Student   |  |      |            |
| Student Signature  |  | Date | DD/MM/YYYY |
| To be completed by Parent/Legal Guardian if student is under 18 years of age |  |      |            |
| Full Name of Parent/Legal Guardian   |  |      |            |
| Parent/Legal Guardian Signature  |  | Date | DD/MM/YYYY |