

The purpose of this application form is to obtain the information we need to enrol you into a programme at Whitecliffe. We also need to collect information required by the Ministry of Education and other Government agencies for statistical and registration reasons. Print clearly in pen and complete all sections of the application in full. Incomplete applications will not be processed.

SECTION ONE | PERSONAL DETAILS

Title Ms Miss Mr Other (*specify*): _____

Legal Family Name _____ Legal First Names _____

Previous Name(s) _____ Preferred Name _____
(if applicable)

Date of Birth _____ / _____ / _____ Gender Male Female

National Student Index Number (NSN) (If unknown please leave blank)

N.B. Your name, date of birth and residency as entered on this application will be included in the National Student Index, and will be used in an Authorised Information Matching Programme with the New Zealand Birth Register. For further information please see <http://www.nsi.govt.nz>

SECTION TWO | CONTACT DETAILS

N.B. Whitecliffe must be advised of all changes to your contact details as they occur.
International students Write your full overseas address and contact details clearly in English.

A Permanent Home Address _____ **B** Address during Term _____

Post Code _____ Post Code _____
(compulsory) (compulsory)

Telephone _____ Telephone _____

Mobile _____ Email Address _____

To which address do you wish correspondence to be sent? A B

SECTION THREE | DETAILS OF STUDY

Tick the appropriate box for your preferred programme:

Master of Fine Arts January

Master of Arts in Arts Therapy (Clinical) - 3 year programme

Year 1 Postgraduate Diploma Arts Therapy February

Years 2 and 3 (Advanced standing* only) January

*Applicants seeking entry directly to Yr 2 or 3 should contact the HoD Arts Therapy before completing this application form

Transfer of Credit

Do you wish to apply for Recognised Prior Learning (RPL) for postgraduate courses completed at another institution? Yes No

If **yes**, list below tertiary institution? (*Please attach copy of Academic Record/Transcript*)

Year	Educational Institution	Qualification

SECTION FOUR | LETTER OF INTENT

Applicants must complete and attach to application (Refer to SECTION THIRTEEN)

SECTION FIVE | CITIZENSHIP

To qualify as a **domestic student**, and so be entitled to the Government tuition subsidy, you must be a citizen of New Zealand (including students from the Cook Islands, Tokelau, or Niue who have New Zealand citizenship) or a permanent resident of New Zealand or a citizen or permanent resident of Australia residing in New Zealand. You must provide evidence of citizenship or permanent residency and to do so you must produce one of the following:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue.
- New Zealand passport.
- A statement of Whakapapa, including date of birth, countersigned by a kaumatua.
- Certificate of citizenship or letter of confirmation.
- Overseas passport with residency stamp.

You can bring the original documentation to the enrolment desk, alternatively please provide a certified copy. This means a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Solicitor, Minister of the Church, General Practitioner or School Principal for example.

International students must bring their passport with them when they enrol.

Tick the box that best describes your citizenship or permanent residency.

- New Zealand Citizen
(includes Niuean, Cook Island and Tokelauan Citizens)
- New Zealand Permanent Resident
- Australian Citizen

- International Student
If you are currently in New Zealand indicate

- Student Visitor

Expiry date of student visa / /

Please specify the country of the passport used to enter New Zealand

*If you are represented by an agent have your agent complete Section Eleven International Agents.

SECTION SIX | ETHNIC IDENTITY

To which of the following ethnic groups do you consider you belong? (You may tick up to three groups)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> European/NZ European or Pākehā | <input type="checkbox"/> Fijian | <input type="checkbox"/> Italian |
| <input type="checkbox"/> New Zealand Māori | <input type="checkbox"/> Korean | <input type="checkbox"/> Brazilian |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Japanese | <input type="checkbox"/> French |
| <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Chinese | <input type="checkbox"/> British |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Indian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> African | <input type="checkbox"/> Other (<i>specify</i>): |

If you identified as New Zealand Māori in the previous question, what is the name of your Iwi? (You may enter up to three Iwi codes)

Iwi Iwi Iwi

SECTION SEVEN | PREVIOUS EDUCATION

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

What was your last year of attendance at secondary school?

What is the highest academic qualification you hold from a secondary school? (*tick one*)

- | | |
|---|---|
| <input type="checkbox"/> No secondary qualification | <input type="checkbox"/> Cambridge International Examinations |
| <input type="checkbox"/> NCEA Level 1 or School Certificate | <input type="checkbox"/> Overseas Award |
| <input type="checkbox"/> NCEA Level 2 or Sixth Form Certificate | <input type="checkbox"/> University Entrance (prior to 1986) |
| <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> International Baccalaureate |

What year did you obtain your highest secondary academic qualification?

Have you previously enrolled in tertiary education either in New Zealand or overseas? No Yes - enter first year of enrolment

List Institution/s, course/s and year/s of study:

Institution	Course of Study	From	To
-------------	-----------------	------	----

What tertiary qualification do you hold?

- | | |
|---|--|
| <input type="checkbox"/> No tertiary qualification | <input type="checkbox"/> Undergraduate Diploma/Certificate |
| <input type="checkbox"/> NZ Polytechnic Certificate/Diploma | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> Vocational Qualifications e.g. Trade Certificate | <input type="checkbox"/> Postgraduate Degree |
| | <input type="checkbox"/> Other (<i>specify</i>) |

Complete this section if you have other qualifications or training relevant to the programme you are applying.

Year	Qualification/Training	Provider
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SECTION EIGHT | OCCUPATION

Indicate below your current occupation or main activity. *(tick one)*

- | | |
|---|--|
| <input type="checkbox"/> Wage or salary worker | <input type="checkbox"/> Unemployed or beneficiary (e.g. DPB) |
| <input type="checkbox"/> University student | <input type="checkbox"/> Self employed |
| <input type="checkbox"/> College of Education student | <input type="checkbox"/> Institute of Technology/Polytechnic student |
| <input type="checkbox"/> Overseas | <input type="checkbox"/> House person or retired |
| <input type="checkbox"/> Wānanga student | <input type="checkbox"/> Private Training Establishment student |
| <input type="checkbox"/> Other <i>(specify)</i> | |

SECTION NINE | SUPPORT

N.B. The Ministry of Education requires this data to be collected. The information you supply is confidential and will not affect your application. Extra support is available for students with medical conditions, disabilities and/or learning difficulties.

Do you live with the effects of significant injury, long-term illness or disability? No Yes *(specify)*

- | | | |
|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Mobility |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Medical | <input type="checkbox"/> Other |

Would you like your Head of Department to be informed? Yes No

Would you like to be contacted by the Postgraduate Programme Manger who organises support services? Yes No

In the event of an emergency will you need help to evacuate the building? Yes No

In an emergency, whom do you want us to contact? Name of Person

Contact Number Relationship

SECTION TEN | MARKETING

Indicate how you heard about Whitecliffe. *(tick where applicable)*

- | | | |
|---|---|---|
| <input type="checkbox"/> Family Member/Friend | <input type="checkbox"/> School Visit | <input type="checkbox"/> Expo |
| <input type="checkbox"/> Industry Professional | <input type="checkbox"/> School Art Teacher | <input type="checkbox"/> School Careers Advisor |
| <input type="checkbox"/> Whitecliffe Staff Member | <input type="checkbox"/> Radio Advertising | <input type="checkbox"/> Online |
| <input type="checkbox"/> Newspaper/Magazine Advertising, <i>specify publication:</i> | | |
| <input type="checkbox"/> Other, <i>specify:</i> | | |
| <input type="checkbox"/> International Agent* (Your agent must complete SECTION ELEVEN) | | |

Why did you decide to study at Whitecliffe?

- | | | |
|--|--|---|
| <input type="checkbox"/> Programme Content | <input type="checkbox"/> Reputation of Programme | <input type="checkbox"/> Location |
| <input type="checkbox"/> Reputation of Institution | <input type="checkbox"/> Programme Length | <input type="checkbox"/> Job/Career Prospects |
| <input type="checkbox"/> Unique Qualification | <input type="checkbox"/> Student Lifestyle | <input type="checkbox"/> Other <i>(specify)</i> |

SECTION ELEVEN | INTERNATIONAL AGENT

Agent Declaration

Agency Stamp:

I declare that I have personally consulted this student on their application with their approval, and I have sighted and confirmed the accuracy of all attached documentation.

Agent Signature **Date** / /

Applicant Signature **Date** / /

Agency Name

N.B. *Payment of commission is dependant on holding a current Agency Agreement.

Privacy – The Organisation collects and stores information from this form to comply with the requirements of the Ministry of Education Te Tāhuhu o te Mātauranga (student statistical returns), New Zealand Qualifications Authority Mana Tohu Mātauranga o Aotearoa (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission Te Amorangi Mātauranga Matua (funding returns), Industry Training Organisations Whakahaere Whakangungu Ahumahi (funding and academic outcomes), Ministry of Social Development Te Manatā Whakahiato Ora (confirmation of enrolment and academic outcomes), Inland Revenue Department Te Tari Take (student loan interest rebate), Immigration New Zealand Ratonga Manene (if you are not a New Zealand citizen or permanent resident) 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). 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.

In addition, when required by statute, the Institute releases information to Government agencies such as the New Zealand Police Ngā Pirihiama o Aotearoa, Department of Justice Tāhū o te Ture, Ministry of Social Development Te Manatū Whakahiato Ora, and the Accident Compensation Corporation Te Kaporeihana Āwhina Hunga Whara (ACC).

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 Enrolments Officer.

NB: 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 Act. <http://www.privacy.org.nz/privacy-act>

Fees – 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.

Rules – 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.

Declaration – 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 described above, and I consent to the disclosure of personal information as described above.

Signature _____ Date _____ / _____ / _____
 Name _____ *(If this application has been scanned, faxed or photocopied post original declaration to address below)*

SECTION THIRTEEN | POSTGRADUATE APPLICATION REQUIREMENTS

All Postgraduate Programmes

- | | | |
|--|---|---|
| <input type="checkbox"/> Completed application form | <input type="checkbox"/> Passport size photo | <input type="checkbox"/> Three letters of reference (or phone contacts for verbal references) N.B. Written refs only for Arts Therapy |
| <input type="checkbox"/> Official transcripts of all tertiary qualifications | <input type="checkbox"/> Curriculum Vitae | <input type="checkbox"/> Statement of computer proficiency including email address |
| <input type="checkbox"/> Certified copy of passport or birth certificate (including visa if international student) | <input type="checkbox"/> Evidence of academic scholarship (example of undergraduate / postgraduate writing) | <input type="checkbox"/> Scholarship application form (if applicable, refer to website) |
| <input type="checkbox"/> Evidence of language proficiency (for applicants for whom English is a second language) e.g. IELTS, TOEFL | | |

Master of Fine Arts

- | | | |
|--|--|--|
| <input type="checkbox"/> Letter of intent (500 – 1000 words) to include indication of personal philosophy regarding contemporary art practice, contextualisation of your work and areas of current inquiry and intention | | |
| <input type="checkbox"/> Portfolio (digital) | <input type="checkbox"/> Studio facilities statement | <input type="checkbox"/> Studio supervisor nomination (optional) |

Master of Arts in Arts Therapy (Clinical)
Yr 1 PG Dip Arts Therapy

- | |
|--|
| <input type="checkbox"/> Letter of intent (500 – 1000 words) to include indication of interest in Art Therapy modalities |
|--|

Master of Arts in Arts Therapy (Clinical) (Advanced Standing)

- | |
|--|
| <input type="checkbox"/> All requirements listed for Master of Arts in Arts Therapy (Clinical) |
| <input type="checkbox"/> Official transcripts of postgraduate qualification in Arts Therapy |

Contact Detail

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Postal Address

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 Symonds Street
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