

POSTGRADUATE APPLICATION



WHITECLIFFE
COLLEGE OF ARTS & DESIGN

TE WHARE TAKIRUA O WIKIRIWHI

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)
(if applicable)

Preferred Name

Date of Birth

/

/

Gender

Male

Female

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

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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
(compulsory)

Post Code
(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 Management - Yr 1 Postgraduate Diploma in Arts Management

February

April

July

September

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

Recognition of Prior Learning

Do you wish to apply for transfer of credit for courses completed at another institute or other recognition?

Yes

No

If **yes**, please list below and attach copy of Academic Record/Transcript and/or list other experience you wish to be considered and attach documents to evidence this.

Year	Educational Institution	Qualification
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SECTION FOUR | LETTER OF INTENT

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

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 administrator 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"/> Newspaper/Magazine Advertising <i>(specify publication)</i> | <input type="checkbox"/> School Visit |
| <input type="checkbox"/> Industry Professional | <input type="checkbox"/> Television Advertisement | <input type="checkbox"/> Expo |
| <input type="checkbox"/> Whitecliffe Staff Member | <input type="checkbox"/> Radio Advertising | <input type="checkbox"/> School Art Teacher |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Cinema Advertisement | <input type="checkbox"/> School Careers Advisor |
| <input type="checkbox"/> Yellow Pages | | <input type="checkbox"/> Other <i>(specify)</i> |
| <input type="checkbox"/> International Agent* <i>(Your agent must complete SECTION ELEVEN)</i> | | |

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.

N.B. Tuition Fees are correct at time of publication but can be subject to change.
All fees are inclusive of GST and are in New Zealand Dollars. The tuition fees also include the building swipe card and student ID card.
(Any replacement cards are to be purchased at the student's expense)

Programme	Application Deadline	Commencement	NZ Residents	International
Master of Fine Arts	October 31	January	\$ 8,600.00	\$ 27,000.00
Master of Arts in Arts Management Yr 1 Postgraduate Diploma in Arts Management	October 31	Feb / April / July / Sep	\$ 8,600.00*	\$ 27,000.00
Master of Arts in Arts Therapy (Clinical) Yr 1 Postgraduate Diploma Arts Therapy	October 1	February	\$ 8,560.00	\$ 27,000.00
How will you pay your tuition fee? (compulsory)	Student Loan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

*Fee is for full 1-year PG Dip programme. Students may enrol in individual courses. Please contact the Assistant Registrar for details.

SECTION THIRTEEN | DECLARATION

Privacy – The Organisation collects and stores information from this form to comply with the requirements of the Ministry of Education (student statistical returns), New Zealand Qualifications Authority (Record of Learning registration and Unit Standard outcomes), Tertiary Education Commission (funding returns), Industry Training Organisations (funding and academic outcomes), Ministry of Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loan interest rebate), Department of Immigration (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, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (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 _____ / _____ / _____
(If this application has been scanned, faxed or photocopied post original declaration to address below)

Name _____

SECTION FOURTEEN | 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) |
| <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 |

Master of Arts in Arts Management
Yr 1 Pg Dip Arts Management

- | |
|--|
| <input type="checkbox"/> Letter of intent (500 – 1000 words) to include indication of interest and intention |
|--|

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 Arts 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

24 Balfour Road
Parnell, Auckland 1052, New Zealand
Telephone: + 64 9 309 5970
Fax: + 64 9 302 2957
Email: sandyj@whitecliffe.ac.nz or info@whitecliffe.ac.nz
Website: www.whitecliffe.ac.nz

Postal Address

Sandy Johnson
Assistant Registrar – Student Records
Whitecliffe College of Arts & Design
PO Box 8192
Symonds Street
Auckland 1150