

National Technology Institute Concordia Institute of Business

International Student Application Form

Application Form for domestic students is available on our website

Please read this form carefully and complete all relevant sections. This application form provides us with the information we need to enrol you onto courses delivered by National Technology Institute (NTI) and Concordia Institute of Business (CIB). Please keep a copy of this application form for your reference.

Personal Details (as shown in passport)							
Family Name:		First Na	me(s):				
Preferred Name:							
Date of Birth: / (DD/MM/YYYY)			Gender:				
Citizenship:		Country	y of birth:				
Passport No.: Expiry date:							
Disability The following information will help us improve services for students with disabilities. The information you supply is confidential. Do you live with the effects of significant injury, long-term mental/physical illness or disability? Yes \(\sum \) No \(\sup \)							
If "Yes", please describe this disability:							
Applicant's Contact Details			Agent Contact For approved NTI or CIB agents. (If applicable.)				
Address:			Agent name:				
		Addres	Address:				
Telephone: Fax:			Telephone: Fax:				
Email:			Email:				
Parents' Contact Details* or Emergency Contact (Home Co	ountry)	Emerge	ency Cont	act in New Zealand (if any	<i>y</i>)		
				Relationship to you:			
Relationship to you:			Address:				
Address: Address:							
Telforebile new							
Tel/mobile no.:			Tel/mobile no.:				
Email: Email:							
* for students aged under 18 Course Title NZQA Level Duration Campus Proposed Start Date							
				Auckland / Tauranga			
What are your career intentions and goals? How will pur	rsuing this	s course	of study	assist you in achieving th	nose goals?		
				, -			
What are your immediate plans after you have completed this course of study?							

Arrival, Accommodation and Insurance						
Airport Pick-up: Do you want to be met at the airport? (Airport pick up is free for all students) Yes No If "Yes" please advise us in writing or by email of your arrival date/details once your visa is approved.						
Accommodation: Do you require accommodation to be arranged for you on arrival? Yes No If "Yes" we will contact you to help you arrange suitable accommodation.						
Medical and Travel Insurance: Do you wish to purchase our medical and travel insurance? Yes No If "Yes", we will send you an Insurance Application Form with your Offer of Place. If "No", you will need to provide us with certified proof of your insurance, translated into English. Note: Medical and Travel insurance is compulsory for international students in New Zealand. (See further details on page 23 of the prospectus or NTI / CIB websites)						
Education Background/Details						
Secondary studies (high school/secondary school)						
Highest qualification gained	Institution	Country	Date completed			
Tertiary studies (college, university, polytechn	ic)					
Qualification	Institution	Country	Date completed			
Please attach certified copies of school / college / university certificates.						
English Language Proficiency (Please complete this section if English is not your first language)						
English as Language of Instruction (must provide evidence) IELTS						
Within the two schools, relevant personal information will be available to staff responsible for enrolment, for establishing and maintaining records, providing tuition, programmes and academic support, providing student services, and for maintaining discipline and order. When required by statute, we will release information to government agencies such as the Ministry of Education, New Zealand Qualifications Authority, Industry Training Organisations, Immigration Department, New Zealand Police, Department of Justice, Inland Revenue and the Accident Compensation Corporation. Students have the right to access and correct any information held about them.						
Declaration by student (if aged over 18) or parent (if student is under 18)						
 I confirm that all the information contained in this application and in any attachments is true and correct to the best of my knowledge and belief. I have read and understood the information contained in the NTI / CIB Student Prospectus (also available on the NTI / CIB websites), and agree to comply with the attendance and behaviour requirements. I have read and understood the NTI / CIB Student Fee Protection, Student Withdrawals and Fee Refunds Policy, which is printed on page 27 of the prospectus and is on the NTI and CIB websites. I acknowledge that the provision of false information or the withholding of relevant information may result in termination of enrolment. I will inform the school if there are any changes to the details of this application. I acknowledge that I have read the information about the course I have enrolled for. 						
Name:	Signature:		Date://			
To be signed by student (if aged over 18), or by parent (if student is under 18)						
Have you completed all relevant sections on the Please ensure you have attached all necessary Certified copy of passport Certified copy of English test (Academic IELTS, TOEFL or equivalent) if a	nis form? r documents: Postal address applicable documents applicable Courier address	Victoria St West, Auckland 1142, New Zealan Swanson Towers, 25 Federa (corner of Swanson and Fed	e ness Phone: +64 (0)9 3795700 Fax: +64 (0)9 3795705 d Email: study@ntec.ac.nz I Street eral Streets), Auckland 1010			
How did you find out about Ntec and our courses? (You may tick more than 1 box if appropriate):						