

L GUIDELINE TO SUBMITTING THE CORRECT DOCUMENTATION

1. Domestic Students (New Zealand citizens, New Zealand permanent residents or Australian citizens)

To qualify as a domestic student, and 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. You must provide evidence of citizenship or permanent residency and to do so you must produce a certified copy of one of the following with your application. This will also act as proof of identity:

- Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, Niue or Australia
- New Zealand passport or Australian 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

2. International Students

Please attach a certified copy of your **passport** to this application form as proof of citizenship, residency and identity.

When your Application is approved, the following documentation will be required:

- Please submit a certified copy of your **Student Visa** to the College Registrar once it is approved.
- It is **COMPULSORY** for all international students to have **MEDICAL AND TRAVEL INSURANCE** for the entire length of stay at Lifeway College. Please submit a certified copy of the policy to the College Registrar once it is finalised. Lifeway College recommends Southern Cross Insurance. Go to www.internationalstudent.co.nz for information
- Lifeway College is a signatory of the **Code of Practice for the Pastoral Care of International Students**. This ensures your safety and welfare whilst studying at Lifeway College. For more information go to www.minedu.govt.nz/goto/international.

3. What is a certified copy?

A certified copy is a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Solicitor, Court Registrar, a Member of Parliament, Public Trust or a person listed in the Oaths and Declarations Act 1957. For remote communities unable to access the above, a school principal, minister of religion or general practitioner (GP) is acceptable.

M STUDENT CONTRACT

When Lifeway College enrolls a Student the College and the Student form a contractual relationship. What follows are the terms of that Contract which the College and the Student accept are to govern this relationship, together with any statutory requirements, and with the regulations and rules of Lifeway College.

STUDENT CONTRACT

In signing this enrolment form you as the student:

Privacy

Lifeway College compiles and stores information from this form to comply with the requirements of the Ministry of Education (funding and student statistical returns), New Zealand Qualifications Authority (record of learning registration and unit standard outcomes), Tertiary Education Commission (funding returns, monitoring), Industry Training Organizations (funding and academic outcomes), Ministry and Social Development (confirmation of enrolment and academic outcomes), Inland Revenue Department (student loans, allowances and interest rebates), Department of Immigration (if you are not a New Zealand citizen or permanent resident) or Work and Income New Zealand (confirmation of enrolment and fund requirements). The information is also used in the selection process of participants to manage internal administrative processes and for internal reporting. Information may also be supplied to, and sought from, other educational institutions for the purpose of verifying academic records. In addition, when required by statute, the College releases information to government agencies such as the New Zealand Police, Department of Justice, Work and Income New Zealand, and the Accident Rehabilitation Compensation Corporation (ACC).

Student Information - Authorize such disclosure of information concerning student welfare, on the understanding that the College shall observe the general conditions governing the release of information, as set out in the Privacy Act 1993, the Post-Compulsory Unique Identifier Code of Practice, and the New Zealand Association of Counsellors. You may see information held about you and amend any errors by contacting the Director or Registrar at Lifeway College.

Indemnity: Agree to hold Lifeway Ministries Trust and Lifeway College together with their agents, servants, contractors and visitors harmless and indemnified against all or any expenses, losses, damages and costs (on a full indemnity basis) of every kind which may arise in anyway in the course of your involvement with Lifeway Ministries Trust and Lifeway College. You agree to follow instructions and directions given to you by or on behalf of the Trustees of Lifeway Ministries Trust from time to time.

Fees: Undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. The policy on withdrawals and refund of fees is stated in the Lifeway College Prospectus. Academic certificates, transcripts and results will not be released until all College and Campus (accommodation) debt is paid in full.

Loans and Extra Costs: Give permission for Lifeway College to liaise with Study Link and Work and Income New Zealand regarding your student allowance or student loan. As a College we will endeavour to outline compulsory fees required from students prior to enrolment. Should any fees arise due to the special needs of a student, not known at the time of enrolment, the student will bear the extra costs and any services required.

Rules and Policies: Undertake to comply with all standards and policies set out in the Lifeway College Prospectus and Student Handbook, as well as procedural discipline with regard to conduct, attendance, academic progress, dress, health, safety, refund, withdrawal and termination procedures and student behaviour.

Change of Details: Agree to notify Lifeway College of any change in your contact details, address, medical information and/or other circumstantial information as written on this enrolment form. International students and those aged less than 18 years of age are required to advise Lifeway College of any change in their accommodation and residential address whilst living in New Zealand.

DECLARATION STATEMENT

I declare that to the best of my knowledge, all of the information supplied on and with this enrolment form, including any requested documentation, is true and complete. I agree to abide by the terms described within the student contract. I consent to the disclosure of personal information as outlined above.

Applicants Signature:

Date:

Parent/Guardian Signature if under 18 years of age:

Name:

Office Use Only

Documentation Provided
 Signed and Date

Entered into Take 2 (SMS)
 Approved

Signed _____
Date ____/____/____



Lifeway Campus
 PO Box 303 Warkworth 0941
 20 Goodall Road Snells Beach
 Phone: 64-9-425-4054 ext 818
 Fax: 64-9-425-4053
 Email: campus@lifeway.ac.nz
 Net: www.lifeway.ac.nz

Please return this completed application to the above address.

CAMPUS ENROLMENT FORM – BOOT CAMP

PLEASE COMPLETE ALL SECTIONS CLEARLY IN PEN.

A COURSE INFORMATION						
Admission Dates	Start Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/> <input type="text"/>	End Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 20 <input type="text"/> <input type="text"/>		
		Day Month Year		Day Month Year		
B PERSONAL DETAILS						
Name	Please print your full legal name as shown on your Birth Certificate or Passport:					
Contact Details	Full Name					
	Street Address					
	Suburb & City					
	Phone & mobile					
	Email					
Date of Birth	DD <input type="text"/> <input type="text"/>	MM <input type="text"/> <input type="text"/>	YY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Gender	Male	Female				
Next of Kin	Please identify the person we should contact in an emergency i.e. parents or guardian:					
	Full Name					
	Relationship					
	Address					
	Phone & Mobile					
C HEALTH						
Medical	Please Tick Yes or No:	Yes	No	Any of the below mental health issues:	Yes	No
	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
	Physical Illness	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
	Regular Health Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Suicidal Tendencies	<input type="checkbox"/>	<input type="checkbox"/>
	Any Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>
Medication	<input type="checkbox"/>	<input type="checkbox"/>	Bi-polar	<input type="checkbox"/>	<input type="checkbox"/>	
	Please list medication here:			Other – please specify:		
	Please give details of any other medical concerns:					
Special Diet	Do you have any special dietary requirements such as vegetarian or Asian? If 'Yes' please specify:				<input type="checkbox"/>	<input type="checkbox"/>
D APPLICATION FEE						
Fee	Fees are included in the College Boot Camp Package					
DECLARATION STATEMENT	To the best of my knowledge the information in this application is true and correct and no relevant information has been withheld.					
Students signature	Signature:	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		20 <input type="text"/> <input type="text"/>		
Parents/guardians: (if applicant is under the age of 18)	Name:	Signature:				



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MEDICAL REPORT

Physician Information: The applicant is requiring a medical report to confirm physical and mental health to participate in a Lifeway College course. The course involves a high level of physical and mental activity including tramping with backpacks, long hours without sleep, daily exercise requiring running, press ups and sit ups and character building.

DOCTORS DETAILS

Full name:

Clinic Official Stamp (name and address):

Business Phone:

Email:

To the physician:

has applied for training with Lifeway College.

[Applicants Name]

Can you please answer the following questions about the applicant for us?

1	Height [cm] & Weight [Kg]	[Height]	cm	[Weight]	kg
2	Is the applicant under medical supervision at this time or taking any medication? If so what kind?				
3	Are the applicant's chest, heart & blood pressure normal?				
4	Are the applicant's sight, hearing & speech normal?				
5	Are you aware of any disability, medical, or psychiatric treatments or conditions that may prevent the applicant from successfully participating in the course? If yes, what does the applicant require to successfully participate in the course?				
6	Please add here any additional comments regarding the applicant's health or special limitations affecting physical, mental or emotional capabilities.				

I hereby declare that the above information is true and I agree that the Lifeway selection panel and advising physicians can discuss this information as necessary.

Signature

Date

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