

INTERNATIONAL STUDENT ENROLMENT APPLICATION FORM

VARDA

PO BOX 749 | HAMILTON | 3240 | NEW ZEALAND

PHONE | +64 7 838 3744

FAX | +64 7 838 3744

EMAIL | info@varda.co.nz

WEB | www.varda.co.nz

This application form is for international students applying to study at VARDA.
For your application to be considered you must complete ALL sections of this form and attach ALL required verified documentation and sign and date the declaration at the end.

Medical & Travel Insurance

It is compulsory for all international students to have appropriate and current Medical & Travel Insurance while studying in New Zealand. This should cover you from the day you leave your home country to the expiry date of your Visa *plus* one week.

Proof must be provided prior to enrolments being finalised. Refer to the Student Prospectus for further details.

PERSONAL DETAILS

1. DATE OF BIRTH: _____ / _____ / _____ AGE IN YEARS:

DAY MONTH YEAR

2. WHAT IS YOUR FULL LEGAL NAME?

Please PRINT your name as it is shown on your passport

Mr Mrs Ms Miss Other:

FIRST NAME(S):

FAMILY NAME:

WHAT WOULD YOU PREFER TO BE KNOWN AS? (If different from the above)

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PLEASE ATTACH A VERIFIED COPY* OF YOUR PASSPORT OR BIRTH CERTIFICATE

3. **GENDER:** MALE FEMALE
4. **WHAT IS YOUR COUNTY OF CITIZENSHIP?**
5. **FOR STATISTICAL PUPOSES PLEASE TICK WHICH ETHNIC GROUP(S) YOU BELONG TO:.** Tick up to 3 boxes
- | | | | |
|--|---|------------------------------------|-----------------------------------|
| <input type="checkbox"/> CHINESE | <input type="checkbox"/> INDIAN | <input type="checkbox"/> NIUEAN | <input type="checkbox"/> SAMOAN |
| <input type="checkbox"/> COOK ISLAND MAORI | <input type="checkbox"/> TONGAN | <input type="checkbox"/> TOKELAUAN | <input type="checkbox"/> FIJIAN |
| <input type="checkbox"/> NZ MAORI | <input type="checkbox"/> EUROPEAN | <input type="checkbox"/> AFRICAN | <input type="checkbox"/> AMERICAN |
| <input type="checkbox"/> OTHER PACIFIC PEOPLE | <input type="checkbox"/> OTHER ASIAN ETHNIC GROUP | | |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY)..... | | | |
6. **WHAT IS YOUR PERMANENT HOME ADDRESS IN YOUR HOME COUNTRY?**
- STREET:**
- TOWN/CITY:**
- DISTRICT:**
- POSTCODE:** **COUNTRY:**
- PHONE NO:** **FAX:**
7. **WHERE WILL YOU LIVE WHILE STUDYING IN NEW ZEALAND?**
- STREET:**
- SUBURB:**
- TOWN/CITY:**
- DISTRICT:**
- POSTCODE:**
- PHONE NO:** **FAX:**

* REFER TO PAGE 11

8. WHAT ADDRESS DO YOU WANT YOUR MAIL SENT TO? HOME ADDRESS NEW ZEALAND ADDRESS

9. HOW CAN WE CONTACT YOU?

EMAIL:

MOBILE:

10. HOW WOULD YOU PREFER TO BE CONTACTED? TEXT EMAIL

11. IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT?

NAME: PHONE:

AGENT DETAILS

12. NAME OF AGENT:

13. ADDRESS OF AGENT:

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EMAIL OF AGENT:

PROGRAMME OF STUDY

14. PREFERRED START DATE: JANUARY APRIL YEAR:

15. NAME OF PROGRAMME YOU WISH TO ENROL IN:

ENGLISH LANGUAGE PROFICIENCY

17. WHAT IS YOUR FIRST LANGUAGE?

18. YOU MUST PROVIDE PROOF OF YOUR ENGLISH LANGUAGE TEST

IELTS: OVERALL SCORE



PLEASE ATTACH VERIFIED PROOF* OF YOUR ENGLISH LANGUAGE PROFICIENCY

19. HAVE YOU STUDIED IN NEW ZEALAND BEFORE? YES NO
20. IF YES, NAME THE INSTITUTION:
21. DATES ATTENDED: FROM: TO:
22. NAME OF THE LAST SECONDARY SCHOOL ATTENDED:
23. COUNTRY:



**PLEASE ATTACH A VERIFIED* TRANSITION INTO ENGLISH OF YOUR RESULTS
TERTIARY STUDIES (UNIVERSITY, HIGHER EDUCATION, POLYTECHNIC ETC)**

24. PLEASE PROVIDE DETAILS OF ANY TERTIARY STUDIES YOU HAVE UNDERTAKEN OVERSEAS OR IN
NEW ZEALAND (INCLUDING ENGLISH OR FOUNDATION STUDIES)
- NAME OF QUALIFICATION:
- NAME OF INSTITUTION:
- COUNTRY:
- DATE ENROLLED: FROM: TO:
- SUCCESSFULLY COMPLETED? YES NO
- NAME OF QUALIFICATION:
- NAME OF INSTITUTION:
- COUNTRY:
- DATE ENROLED: FROM: TO:
- SUCCESSFULLY COMPLETED? YES NO

* REFER TO PAGE 11

25. WHAT IS THE HIGHEST QUALIFICATION YOU HOLD FROM A TERTIARY INSTITUTION?

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> NONE | <input type="checkbox"/> VOCATIONAL QUALIFICATION (TRADE NZ CERTIFICATE) | <input type="checkbox"/> DIPLOMA |
| <input type="checkbox"/> BACHELORS DEGREE | <input type="checkbox"/> GRADUATE CERTIFICATE OR DIPLOMOA | <input type="checkbox"/> CERTIFICATE |
| <input type="checkbox"/> HONOURS DEGREE | <input type="checkbox"/> POSTGRADUATE QUALIFICATION | <input type="checkbox"/> MASTERS |
| <input type="checkbox"/> OTHER (PLEASE SPECIFY) | | |



**PLEASE ATTACH A VERIFIED* TRANSITION INTO ENGLISH OF YOUR RESULTS
CURRENT OCCUPATION**

26. WHICH MAIN ACTIVITY BEST DESCRIBES YOUR SITUATION ON 1 OCTOBER IN THE YEAR PRIOR TO THIS APPLICATION

- | | | |
|---|---|---|
| <input type="checkbox"/> SECONDARY SCHOOL STUDENT | <input type="checkbox"/> TERTIARY STUDENT | <input type="checkbox"/> HOUSE PERSON / RETIRED |
| <input type="checkbox"/> WAGED OR SALARIED WORDER | <input type="checkbox"/> SELF EMPLOYED | <input type="checkbox"/> NOT WORKING BY NOT RETIRED |

TRANSFER OF ENROLMENT

27. COMPLETE THIS SECTION IF YOU ARE LOOKING TO TRANSFER TO VARDA FROM ANOTHER NEW ZEALAND EDUCATION PROVIDER

PLEASE PROVIDE DETAILS OF YOUR CURRENT NEW ZEALAND EDUCATION PROVIDER:

NAME:

PHONE:

EMAIL:

PLEASE EXPLAIN YOUR REASONS FOR WANTING TO TRANSFER TO VARDA:

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NOTE : WE MAY CONTACT YOU RCURRENT PROVIDER IF DEEMED NECESSARY

* REFER TO PAGE 11

HOW DID YOU HEAR ABOUT US?

28. FAMILY MEMBER / FRIEND EDUCATION FAIR / EXPO NEW ZEALAND EDUCATION CENTRE
- BACHELORS DEGREE INTERNET EDUCATION AGENCY
- TEACHER/CAREERS ADVISOR
- OTHER (PLEASE SPECIFY)

STUDENTS WITH DISABILITIES

29. DO YOU LIVE WITH THE EFFECTS OF SIGNIFICANT INJURY, LONG TERM ILLNESS OR DISABILITY?

THIS INFORMATION IS STRICTLY CONFIDENTIAL YES NO

30. IF YES, PLEASE DESCRIBE YOUR IMPAIRMENT, DISABILITY OR LONG TERM MEDICAL CONDITION:

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GOALS?

31. WHY DO YOU WANT TO COMPLETE THIS TRAINING PROGRAMME?

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PRIVACY

We collect and store information from this form to comply with the requirements of the Education Act 1989 and our role as an education provider. The collection, use and storage, exchange and update of personal information will be in accordance with the Privacy Act 1993.

KEY POINTS INCLUDE:

- Within VARDA, relevant personal information will be made available to staff responsible for enrolment, records, tuition, support services and maintaining discipline where appropriate.
- We are required to collect and store 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 Standards 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 other educational organisations and agencies supporting students through scholarships and awards. In addition, when required by statute, we release information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development and the Accident Compensation Commission (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://privacy.org.nz/nz/provacy-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 Organisations policy on withdrawal and refund of fees can be found in the Prospectus and Student Induction Book.

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.

Full detail of Rules, Information, Policies & Procedures are included in Prospectus material and/or Student Induction Handbook.

1. CANCELLATIONS & REFUNDS

A) Any fee paying student who wishes to withdraw from their course or programme of study, must notify the Director in writing prior to the end of the eighth day of training. This will ensure they receive a full refund, minus 10% or \$500.00 (whichever is the lesser) of any fees paid. VARDA will notify the Public Trust that the student has met the requirements of the withdrawal and refund policy. The Trustee will pay the balance of the Student Fee Trust Account in the following order:

- (a) the amount require to repay the relevant student loan (if applicable) to the loan provider
- (b) the balance of the student fee trust account to the student

Students who wish to withdraw from their course of study after this time are liable for all tuition fees.

B) Cancellation after the eighth day of your course:

No other fees can be refunded. Non-refundable pre-enrolment processing fees still apply.

Before making a refund we will require evidence that you have changed your visa status or confirmed arrangements that you are returning to your home country. All accompanying documents (all original) must be provided within 3 days of the initial refund request.

C) International students whose visa is declined must return all registration documents together with the original letter declining the visa application.

D) VARDA reserves the right to cancel a course at any time up till 7 days prior to the course commencement date (eg due to insufficient numbers). Students will receive a full refund.

E) VARDA reserves the right to cancel a course at any time between the start and finish dates of a course. Following the termination date, any Tuition Fees remaining in a student fee trust account shall be applied as follows:

Any amount owing to VARDA (Waikato School of Hairdressing Ltd) that has fallen due prior to the termination date, but have not been paid, then: (a) the loan provider to repay any outstanding Student Loan (b) to the relevant student (c) to an alternative provider if of benefit to the relevant student and in accordance with the Master Deed.

2. STUDENT FEE PROTECTION POLICY

A) VARDA undertakes to provide Student Fee Protection for all its current full time students. The Fee Protection is compulsory for all students and is included as an integral part of the Training Fee. The Fee Protection is managed by the Public Trust www.feeprotect.co.nz

3. ATTENDANCE, ACADEMIC REQUIREMENTS & BEHAVIOUR

- A) You must adhere to all the rules related to attendance requirements outlined in the VARDA Student Induction Book.
- B) If you do not meet the minimum attendance requirements (80%) without permission of the Director, disciplinary procedures will follow. Unsatisfactory attendance can result in cancellation of a student visa.
- C) You are expected to attend all classes and achieve the academic requirements of your programme.
- D) You are expected to behave in a responsible manner at VARDA.
- E) If your behaviour is detrimental to the school or to other students, disciplinary procedure resulting in dismissal or instant dismissal may follow. In this event, we regret that no tuition fees can be refunded.

4. LIABILITY & INSURANCE

- A) VARDA takes great care to ensure the safety and well-being of all students. VARDA is not however, liable for any loss, damage or injury that students sustain within the school or during any school event or activity.
- B) As an international student you will need to have arranged Health Insurance to cover your personal and travel insurance for all travel costs before you travel to New Zealand.
- C) VARDA reserves the right to change courses and fees without prior notice.
- D) The provisions of New Zealand law and courts govern all fees and conditions.

5. COMPLAINTS PROCEDURE

- A) Any complaint or dispute arising out of, or in connection with the programme you have enrolled in shall be dealt with in the following manner and following internal complaints procedures:
- B) The issue is to be discussed with your tutor.
- C) If unresolved, discuss the issue with the Director and bring a support person with you.
- D) If that meeting is not successful you have the right to then refer the grievance to the NZAPEP Quality Commission International Education Appeal Authority.

NEXT STEPS

You must pay a non-refundable fee of **\$NZ 250.00** for the processing of your pre-enrolment application.

If your application proceeds, you will receive a Provisional Offer of Place letter and details of the process necessary to confirm you meet all entry criteria. You will also receive an invoice for all fee costs.

1. You must pay our fees in full at least 10 days before your course begins. All monies are deposited in a Trust account
2. Tuition fees are non-transferable

NOTE : THIS APPLICATION FOR ENROLMENT FORM MUST BE SIGNED BY A PARENT OR CAREGIVER IF A STUDENT IS AGED 18 OR 19 YEARS. IN THE INSTANCE THAT AN AGENT ACCEPTS RESPONSIBILITY FOR ENROLLING A STUDENT, THAT AGENT MUST SIGN THE PRE-ENROLMENT FORM.

All monies are payable in New Zealand dollars to Waikato School of Hairdressing Ltd and include Goods & Services Tax (GST). The \$250.00 pre-enrolment processing fee is payable by bank draft direct to : 02 0316 0040404 00 or Credit Card. Information regarding payment details is available on request.

STUDENT DECLARATION

PLEASE READ AND COMPLETE ALL SECTIONS CAREFULLY, THEN COMPLETE THE DETAILS BELOW)

1. The information set out in the pre-enrolment application is correct and I have not withheld any information that could affect my enrolment.
2. I agree to VARDA collecting, using and disclosing information about me as set out in the Student Disclosure Policy.
3. I understand I am bound by VARDA rules and conditions
4. I have read, understood and accept all of the conditions of pre-enrolment and acknowledge that by signing below I agree to be bound by these conditions.
5. If my enrolment proceeds I undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery.

NAME

STUDENT SIGNATURE

SIGNATURE OF PARENT/GUARDIAN/CAREGIVER (if aged 18 or 19 years)

.....

AGENT SIGNATURE

ACCEPTANCE OF ENROLMENT IS SUBJECT TO PAYMENT OF FEES



APPLICATION CHECK LIST

HAVE YOU:

- ATTACHED A VERIFIED COPY OF YOUR PASSPORT OR BIRTH CERTIFICATE?
- ATTACHED A VERIFIED COPY OF YOUR ENGLISH PROFICIENCY TEST RESULTS?
- ATTACHED VERIFIED COPIES OF ANY CERTIFICATES AWARDED FROM ANY TERTIARY INSTITUTE IN NEW ZEALAND?
- ATTACHED A VERIFIED TRANSLATION OF YOUR SECONDARY SCHOOL RESULTS?
- ATTACHED A VERIFIED COPY OF YOUR TERTIARY STUDY RESULTS?
- SIGNED & DATED THE DECLARATION SECTION ABOVE?
- ATTACHED YOUR \$NZ250.00 PRE-ENROLMENT PROCESSING FEE?

NOTE :

The processing of your application could be delayed if you do not supply verified copies of the original documents and translations where required.

*A verified copy is a photocopy of the original document, signed and officially stamped by either a VARDA staff member, Justice of the Peace, Solicitor or other authorised person. The documents submitted with this application will not be returned.

PRE-ENROLMENT APPLICATION FORM

Post, fax or email to:

VARDA
PO BOX 749 HAMILTON | NEW ZEALAND
PHONE / FAX | +64 7 838 3744
EMAIL | info@varda.co.nz
WEBSITE | www.varda.co.nz

VARDA HAS AGREED TO OBSERVE AND BE BOUND BY THE CODE OF PRACTICE FOR THE PASTORAL CARE OF INTERNATIONAL STUDENTS PUBLISHED BY THE MINISTER OF EDUCATION. COPIES OF THE CODE ARE AVAILABLE ON REQUEST FROM THIS INSTITUTION OR FROM THE NEW ZEALAND MINISTRY OF EDUCATION WEBSITE AT www.minedu.govt.nz/goto/international

VARDA IS REGISTERED AND ACCREDITED AS A PRIVATE TRAINING ESTABLISHMENT BY THE NEW ZEALAND QUALIFICATIONS AUTHORITY UNDER THE PROVISION OF THE EDUCATION ACT 1990 AND ITS SUBSEQUENT AMENDMENTS.
PROVIDER NO 8613