

Course Enrolment Form

Welcome to Workforce Development Ltd, and thank you for choosing to study with us. We would appreciate it if you could fill in the following questions clearly and honestly, to allow us to comply with reporting and statistical requirements. All of the information you provide is confidential.

Your Studies

Which Short Course are you enrolling into?

Please tick if you have ever previously enrolled on a programme with Hospitality Management Consultants

Dates

Course number

Your Details

Surname

First name

Middle Name

Preferred Name

Preferred Title

Gender

Date of Birth

MS MISS MRS MR MALE FEMALE

D Verification Sighted

Drivers Licence

Passport

Birth Certificate

Other

How to contact you

Address

Postcode

Phone (day)

Phone (evening)

Cellphone

E-mail

Workplace

If you are already employed in a related occupation, Name and Address of Workplace/employer

Citizenship

Please tick which type of citizenship you hold

New Zealand Citizen

New Zealand Permanent Resident (stamped in your passport)

Australian

Overseas

Ethnicity

To which ethnic group do you feel you belong to? (you may tick more than one box)

New Zealand European

Samoan

Niuean

New Zealand Maori

Tongan

Indian

Cook Island Maori

Tokelauan

Fijian

Other Pacific Island

Chinese

Other

Short Course Enrolment Form

Head Office: P O Box 37, Napier
Phone (06) 835 1014
www.workforce.ac.nz



Hospitality Management Consultants is a trading division of Workforce Development Ltd

NZQA

I am hooked on to the NZQA system and have a National Student Index Number

My NZQA Number

I do not have a NZQA number

International Students Only

If you hold a temporary work permit, or a working holiday visa, you are able to enrol in the programme

If you are a student from another institution, you need to have a study visa which entitles you to work up to 20 hours per week. Workforce Development Ltd is not a signatory to the Code of Practice for the Pastoral Care of International Students, and you will need to discuss the requirements for your registration with HMC prior to enrolment acceptance

Payment

The fee for this course is \$ (gst inclusive)

Payment is due IN FULL BEFORE the course commences, and students will not be entitled to attend if payment is not received prior to the course commencement.

If the fee has been paid or will be paid by a third party (for example, an employer) please state name and address here

Declaration

I declare that to the best of my knowledge all the information supplied with my application is true and complete in all significant particulars. I agree to pay the fee stated above for this course.

Name (please print)

Signature

Date

Assessment Result

ASSESSOR

I agree that the assessment result was fair and accurate
The assessment was completed in compliance with all
H SI accreditation, moderation, and assessment criteria

Course Director Signature

STUDENT

The assessment was carried out as agreed
I was given feedback after the assessment
I have been informed of the assessment result and agree that it is fair and accurate

Student Signature

Office Use Only - Entered into:

Database	Nipper	Invoice Generated	Fees Paid: \$
Date	Date	Date	Date: ___ / ___ / ___
By	By	By	