

# Gateway Student Enrolment



Tertiary Education Commission  
Te Amorangi Mātauranga Matua

School name.....  
Programme name.....  
Programme number.....Edumis number.....

Office Use  
Entered on ...../...../.....  
Entered by .....

## Student Details

Student's name...../...../.....  
First name Middle name Last name National Student Number  
Date of Birth...../...../..... Gender Male  Female    
Street address.....  
Suburb..... Town/City.....  
Contact telephone number (0 )..... Other contact number (0 ).....  
School year: Y11 / Y12 / Y13 / Y14

## Statistical Information

Ethnicity (please tick at least one)

- |   |  |   |  |   |
|---|--|---|--|---|
| NZ European Pākehā <input type="checkbox"/> | Māori <input type="checkbox"/>           | Samoaan <input type="checkbox"/>        | Cook Islands Māori <input type="checkbox"/>    | Tongan <input type="checkbox"/>         |
| Niuean <input type="checkbox"/>             | Tokelauan <input type="checkbox"/>       | Fijian <input type="checkbox"/>         | Other Pacific Peoples <input type="checkbox"/> | Sri Lankan <input type="checkbox"/>     |
| Indian <input type="checkbox"/>             | Chinese <input type="checkbox"/>         | Japanese <input type="checkbox"/>       | Korean <input type="checkbox"/>                | Other Asian <input type="checkbox"/>    |
| Filipino <input type="checkbox"/>           | Cambodian <input type="checkbox"/>       | Vietnamese <input type="checkbox"/>     | Other Southeast Asian <input type="checkbox"/> | British/Irish <input type="checkbox"/>  |
| Dutch <input type="checkbox"/>              | Greek <input type="checkbox"/>           | Polish <input type="checkbox"/>         | South Slav <input type="checkbox"/>            | Italian <input type="checkbox"/>        |
| German <input type="checkbox"/>             | Australian <input type="checkbox"/>      | Other European <input type="checkbox"/> | Middle Eastern <input type="checkbox"/>        | Latin American <input type="checkbox"/> |
| African <input type="checkbox"/>            | Other Ethnicity <input type="checkbox"/> | Not stated <input type="checkbox"/>     |  |   |

If NZ Māori, please state:

Main tribal affiliation.....  
Other tribal affiliations.....

## Placement Details

Industry name (refer Gateway Handbook for codes).....  
Employer..... Contact .....

Employer address.....  
.....

Suburb..... Town/City.....  
Contact telephone number (0 ).....

## Duration of Placement with Employer

Start Date...../...../..... Proposed duration of the placement.....(weeks)  
Proposed hours of placement per week.....

# Learning Plan Details if Known

## Unit Standards/Achievement Standards

Unit Standard number	Unit Standard name	Level	Credit value	Where Unit Standard will be assessed		
				work	school	shared
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Student Declaration

I declare that all the information on this form is true and correct.

I authorise the school to submit to the Tertiary Education Commission (TEC) the information contained on this form and in any supporting documentation. Where the information is submitted electronically the school may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made the school is to note the correction on the form).

I agree to notify the provider if any of the information I have provided changes.

I acknowledge that:

1. The information provided in this form is being collected and will be held by both the school, to enable it enrol me in the programme specified, and the TEC, to enable it to provide and monitor funding in relation to that programme. The information may also be used for the other purposes set out in this section.
2. If I do not provide the information required I may not be able to be enrolled in the programme I wish to take.
3. Under the Privacy Act 1993 I have a right to access and to request correction to any of my personal information provided to the school and the TEC. I can contact the school at the address set out in my contract with it, and the TEC at PO Box 27-048, Wellington.

I authorise the school and the TEC to collect from and disclose to other Training providers/brokers, Work and Income New Zealand, Ministry of Education, New Zealand Qualifications Authority, Workbridge, Studylink and employers, information that is required to:

1. verify my eligibility for and record my progress on this and future training or to confirm an employment outcome
2. confirm credits that I have or may achieve on the National Qualifications Framework, and/or
3. compile information for statistical purposes.

I acknowledge that the TEC or its agents may undertake evaluations of Gateway that I may be invited to take part in interviews as part of these evaluations. I understand that standard research ethics procedures will be followed, including protecting my identity and obtaining my informed consent.

Signed..... Date..... /..... /.....

Print Name.....

## School Declaration

1. I certify this student meets the eligibility criteria to participate in the Gateway programme.
2. I certify that, to the best of my knowledge and belief, the information relating to this learner is true and correct.
3. I have verified that this student has signed the student declaration.

Signed..... Date..... /..... /.....

Print Name.....

