



# New Zealand College of Business

www.nzcb.ac.nz

## Domestic Student Application Form

### 1. PERSONAL DETAILS

Family Name: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Prefer Name: \_\_\_\_\_ Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

Date of Birth (dd/mm/yy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Email : \_\_\_\_\_

Gender:  Female  Male  Gender Diverse

Residency Status: \_\_\_\_\_

NSI or NZQA No. \_\_\_\_\_

Attach  
passport size  
photo here

### 2. CONTACT DETAILS

New Zealand Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Tel: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### 3. English Language Requirements

Is English your first language?  Yes  No

If English is not your first Language we may need to assess this further. Have you completed any of the following:

Achieved Level 3 NCEA and university entrance

Completed one of the following qualifications with the language of instruction in English:

- Bachelor's degree, graduate certificate etc
- All primary education and at least three years' secondary school
- Five years secondary school

Please advise which country you achieved the above in: \_\_\_\_\_

#### 4. EMERGENCY CONTACT DETAILS

Who should we contact in an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### 5. Your Ethnicity

Identify your main ethnicity as 1. You may choose up to three ethnicities. Identify these as 2, 3.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Maori (Iwi) _____     | <input type="checkbox"/> Cambodian         | <input type="checkbox"/> Other European |
| <input type="checkbox"/> NZ European           | <input type="checkbox"/> Vietnamese        | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Cook Island Maori     | <input type="checkbox"/> Indian            | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Tokelauan             | <input type="checkbox"/> Sri Lankan        | <input type="checkbox"/> African        |
| <input type="checkbox"/> Niuean                | <input type="checkbox"/> Filipino          | <input type="checkbox"/> Other _____    |
| <input type="checkbox"/> Samoan                | <input type="checkbox"/> Other Asian       |   |
| <input type="checkbox"/> Tongan                | <input type="checkbox"/> British and Irish |   |
| <input type="checkbox"/> Fijian                | <input type="checkbox"/> Dutch             |   |
| <input type="checkbox"/> Other Pacific peoples | <input type="checkbox"/> German            |   |
| <input type="checkbox"/> Australian            | <input type="checkbox"/> Greek             |   |
| <input type="checkbox"/> Chinese               | <input type="checkbox"/> Italian           |   |
| <input type="checkbox"/> Japanese              | <input type="checkbox"/> Polish            |   |
| <input type="checkbox"/> Korean                | <input type="checkbox"/> South Slav        |   |

#### 6. COURSE OF STUDY APPLIED FOR

Please indicate the course/programme you apply for:

- International ESOL (Online)
- International ESOL

- New Zealand Certificate in English Language Level 4 (Online)
- New Zealand Certificate in English Language Level 4
- New Zealand Certificate in English Language Level 5 (Online)
- New Zealand Certificate in English Language Level 5
  
- New Zealand Certificate in Financial Services Level 5
  - Banking
  - Investment
  - Residential Property Lending
- Graduate Diploma in International Trade Level 7

Proposed start date \_\_\_\_\_

How long would you like to study \_\_\_\_\_

## 7. EDUCATION RECORDS AND ELIGIBILITY

Documentary evidence of qualification claimed must be attached. Documents not in English must be accompanied by certified translations.

### Previous Studies:

Name of Qualification	School/Institution	Country	Year Completed

## 8. ACCESSIBILITY SUPPORT

Do you live with the effects of significant injury, long term illness or disability?  Yes  No

If yes, please specify which of the following apply to you:

- Neurodivergent (Autism, ADHD)
- Deaf
- Physical impairment
- Blind
- Hard of hearing
- Specific learning disability
- Temporary impairment

Medical, specify \_\_\_\_\_  
 Other, specify \_\_\_\_\_

Low Vision  
 Mental health condition

Are you deaf with NZ Sign Language as your first language?  Yes  No

## 9. HEALTH AND SAFETY

In an emergency, could you get out of the building on your own?  Yes  No

## 10. YOUR ACKNOWLEDGMENT AND DECLARATION

• By submitting this application, if I accept a place for this program I agree to read, understand, and comply with the NZCB Terms and Conditions of Enrolment; NZCB Policies and Procedures; and the published program rules of NZCB– including but not limited to Personal Information and Privacy Principles, NZCB Fee Payment and NZCB Student Rights and Responsibilities.

I agree

• I understand and agree that NZCB will collect, store, use and disclose personal information for the purpose of conducting its normal and proper business. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 2020, Education and Training Act 2020 and any other relevant legislation.

• I understand that NZCB collects information from a variety of tools designed solely for the purposes of supporting my learning. I am able to have access to this information if I wish and I also understand that this information may be shared with any other Tertiary Education Organisations with whom I enrol.

• I consent to the disclosure of personal information as described above.

I agree

• I declare that to the best of my knowledge all of the information supplied for this application is true and complete. I acknowledge that the submission of fraudulent, forged or otherwise dishonest documentation in support of this application will automatically disqualify me from enrolment. I am the person named on this form.

I agree

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of parent/legal guardian if applicant is under 18 years of age)

## 11. APPLICATION CHECKLIST

- Birth Certificate or passport details page
- Highest Qualification
- English Language Proficiency test results (if English is your second language)
- A passport size photograph
- Copy of New Zealand Visa (if applicable)

Please send the completed application and all certified documentation to:

P.O.Box 6064, Upper Riccarton  
Christchurch  
New Zealand  
Email: [info@nzcb.ac.nz](mailto:info@nzcb.ac.nz)  
Phone: 03 3796668

## 12. MARKETING INFORMATION

Please indicate how you found out about the New Zealand College of Business.

- |  |  |                                 |
|--|--|---------------------------------|
| <input type="checkbox"/> Website/Email | <input type="checkbox"/> Friends or family | <input type="checkbox"/> Wechat |
| <input type="checkbox"/> Agent         | <input type="checkbox"/> Magazine          | <input type="checkbox"/> Other  |