

ENROLMENT FORM

Course Title: _____

Location: _____

Fee: \$ _____

Payment Method:

Cheque:	<input type="checkbox"/>	- Made payable to University of Waikato
Cash:	<input type="checkbox"/>	

Credit Card:	<input type="checkbox"/>		
Expiry Date	__ / __	Name on Card	_____
Credit Card Number			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature: _____			

Company Invoice:	<input type="checkbox"/>
Company Name: _____	
Company Address: _____	
Order Number/Name: _____	

Personal Details:

Family Name:	_____		
First Name:	_____		
Postal Address:	_____		

Email:	_____		
Phone: Home:	_____	Work:	_____

Please tick if you would not like to receive information about similar courses:

The Ministry of Education requires the following information from all participants.

We can not complete your enrolment unless all sections are completed. Information is strictly confidential

Date of Birth / / Gender: M F

Citizenship Are you:	
A New Zealand Citizen?	<input type="checkbox"/>
An Australian Citizen?	<input type="checkbox"/>
A Permanent Resident of New Zealand?	<input type="checkbox"/>
An International Student?	<input type="checkbox"/>
What ethnic group(s) do you belong to? You may tick up to three groups which apply to you:	
NZ European	<input type="checkbox"/>
New Zealand Maori	<input type="checkbox"/>
Pacific Island	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Other: Please specify _____	<input type="checkbox"/>

Occupation: _____

Declaration: I confirm that the above information is true and correct.

Signature: _____

Office Use Only

ID _____ Rec. _____