

*Please download this form to your computer before completing



NZQA accredited and registered provider

APPLICATION TO STUDY FORM 2022

1	Print your full name:						Preferred first name:		
2	Course that you would like to enrol for:	NZ Certificate in Automotive Engineering level 3 NZ Certificate in Foundation Skills level 2							
3	Preferred title:	<i>Ms</i>	<i>Miss</i>	<i>Mrs</i>	<i>Mr</i>	<i>Other (Specify):</i>			
4	Date of birth:				5	Gender:	<i>Male</i>	<i>Female</i>	
6	Address:				Landline number:				
	Email address:				Mobile number:				
					Alternative contact number:				
7	NSI number if known								
8	Tick the box which describes your citizenship.								
	New Zealand Citizen		Australian Citizen			<i>Other</i>			
	New Zealand Permanent Resident: Yes				No				
9	Secondary School:	What was the name of the last high school you attended? State "overseas", if applicable.							
		What was your last year at high school?							
		Please list the qualifications that you have achieved or are likely to have achieved by the time your course starts?							
10	Tertiary Study:	Will this be the first year you have ever enrolled in a University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school?							
		No			Yes				
		If you answered "No", please enter the name of the institution you studied at and year of your first enrolment.							
		Name				Year			
11	Next of Kin (family member):	Name and address:				Phone:			
						Relationship to You:			

12	Please list your main interests, hobbies and achievements:	Please list any previous work experience.
13	What career would like to pursue following the completion of this course?	
14	Drivers Licence Tick the box which describes your situation. Full NZ licence Restricted NZ licence Learners Licence No current licence Suspended licence	Criminal Record Tick the box which describes your situation. Clean record Currently before the courts Previous convictions Currently serving/PD Case pending
15	Would you pass a random drugs test? Yes No Unsure	Do you suffer from any medical condition/s or any other commitments that may impact on your attendance? Yes No Unsure

Where did you hear about FEDS?

School Careers Advisor

Employee of Fairviews

Completed a FEDS short course

Other training provider

Former/current FEDS student

FEDS advertisement

Recommended by an industry contact

Youth Services

FEDS Website

Careers event

FEDS Facebook page

Other: _____

Please provide a brief statement explaining why you wish to study with FEDS in 2022.

Declaration – I declare that to the best of my knowledge all the information supplied is true and complete.

Name:

/ /

Date

Once complete please forward this form to the attention of The Training Manager, Fairview Educational Services,