

GATEWAY STUDENT ENROLMENT FORM

SCHOOL NAME

STUDENT DETAILS

Full name

Date of Birth

Male:

Female:

Gender Diverse:

National Student Number

Address

City

Postcode

Phone

Email

School Year **Y11** / **Y12** / **Y13** / **Y14** (circle)

STATISTICAL INFORMATION

Ethnicity (please tick at least one)

NZ European Pākehā

Māori

Samoan

Cook Islands Māori

Tongan

Niuean

Toketauan

Fijian

Other Pacific Peoples

Sri Lankan

Indian

Chinese

Japanese

Korean

Other Asian

Filipino

Cambodian

Vietnamese

Other Southeast Asian

British/Irish

Dutch

Greek

Polish

South Slav

Italian

German

Australian

Other European

Middle Eastern

Latin American

African

Other Ethnicity

Not stated

If NZ Māori, please state main tribal affiliation

Other tribal affiliations

PLACEMENT DETAILS

Start Date

proposed duration of placement

(weeks)

Proposed hours per week

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TRAINING PLAN DETAILS IF KNOWN

Unit Standard Number	Unit standard Name	Level	Credit Value

ASSESSMENT APPEAL

All assessment will be against the performance criteria of the unit standards to ensure validity.

Appeals against assessment results will firstly be to the NZEET assessor who will forward this to the moderator, NZ Equine Education Trust.

I understand that the decision of the moderator will be final.

STUDENT DECLARATION

I understand that:

- The conditions of purchase are outlined in the Memorandum of Understanding entered into by NZEET and my School.
- All correspondence, including unit standard results will be returned via the Gateway Co-ordinator in order for them to discuss my progress.
- Copies of my work may be kept for moderation purposes.
- All charges will be made to my School.
- I declare that to the best of my knowledge the information supplied on this enrolment form is true and complete. I consent to the statistical use of personal information as described above for NZQA and Ministry of Education purposes.


Name

Signature

Date

RETURN COPY TO: **SALLY WATERS**

 gateway@nztr.co.nz

 027 494 2850

