**NEW ZEALAND CERTIFICATE COURSE
IN TEACHING INDIVIDUALS WITH SPECIFIC LEARNING DISABILITIES**

**Enrolment Form 2021**

This Application for Enrolment Form collects essential information and meets the requirements of the New Zealand Ministry of Education and other Government agencies. Please type or print your answers clearly, tick the appropriate boxes, sign and date the form; and enclose verified copies of the documents as required.

**Your application cannot be processed unless you complete all sections and enclose verified documents. Once completed, save, print off, sign and post with certified and non-certified documentation to: Course Applications, SPELD NZ, PO Box 24-617, Royal Oak, Auckland 1345. Please also email copies to** **nationaloffice@speld.org.nz**

**NB: We recommend all candidates allocate (on average) 16 hours per week for this programme. Broadband access is essential.**

**National Student Number/NZQA**

Have you previously enrolled with NZQA?

Click here to enter text.

[ ]  No [ ]  Yes: please provide your NSN/NZQA number:

**Personal Details: Please supply legal names as shown on your passport, birth or marriage certificate.**

Gender:

 Date of Birth:

Click here to enter text.

|  |  |
| --- | --- |
| First names | Click here to enter text. |
| Preferred name | Click here to enter text. |
| Surname | Click here to enter text. |
| Previous name: (if changed since last enrolment) | Click here to enter text. |
| Home address (include postcode) | Click here to enter text. |
| Mobile number | Click here to enter text. |
| Home phone  | Click here to enter text. |
| Email address (one which you can be contacted on during school holidays)  | Click here to enter text. |
| Work phone number | Click here to enter text. |

**Delivery Address:** (Tick one box) Deliver my course materials and correspondence to:

[ ] Home [ ] Alternative postal address (specify below)

Click here to enter text.

**Emergency Contact:**

|  |  |
| --- | --- |
| Name | Click here to enter text. |
| Home Phone | Click here to enter text. |
| Address | Click here to enter text. |
| Mobile number | Click here to enter text. |
| Email | Click here to enter text. |
| Work Phone | Click here to enter text. |
| Relationship | Click here to enter text. |

**Citizenship and residency (certified documents required)**

Tick the box which best describes your citizenship or permanent residency status. If you have dual citizenship, indicate the country of citizenship of the passport used to enter New Zealand. You will need to provide a certified copy of one of the following documents: NZ passport/Birth certificate/Certificate of Citizenship/current overseas passport with residency visa.

[ ] New Zealand citizen [ ] Australian Citizen

[ ] NZ Permanent Resident (State country of citizenship)

Click here to enter text.

Click here to enter text.

[ ] Other (please specify)

**Teacher registration**

Click here to enter text.

Click here to enter text.

Teachers’ Registration Council No: Expiry Date:

Status: [ ] Full [ ] Provisional [ ] Subject To Confirmation

**Tertiary Qualifications and Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name of Institution** | **Address of Institution** | **Qualification level, No. of Credits or Years to complete**  | **Highest Qualification Gained** |
| **Private Training Establishment** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Polytechnic** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **University** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| **Other** | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Work Experience:**

Please list your work experience with your last 2 employers, beginning with your most recent teaching positions held. If you were self-employed or not teaching, give details. If your recent work experience has not been in teaching, please give details of most recent previous teaching roles on a separate sheet and attach to the application

**Employer 1**

|  |  |
| --- | --- |
| Name of employer | Click here to enter text. |
| Address of employer | Click here to enter text. |
| Employment dates | Click here to enter text. |
| Name of last supervisor | Click here to enter text. |
| Phone number | Click here to enter text. |
| Position held: | Click here to enter text. |

If no longer in this position – reason for leaving (please be specific)

Click here to enter text.

List the roles you hold/held, duties you perform(ed), skills used or learned, advancements or promotions while you worked in this organisation:

Click here to enter text.

**Employer 2**

|  |  |
| --- | --- |
| Name of employer | Click here to enter text. |
| Address of employer | Click here to enter text. |
| Employment dates | Click here to enter text. |
| Name of last supervisor | Click here to enter text. |
| Phone number | Click here to enter text. |
| Position held: | Click here to enter text. |

If no longer in this position – reason for leaving (please be specific)

Click here to enter text.

List the roles you hold/held, duties you perform(ed), skills used or learned, advancements or promotions while you worked in this organisation:

Click here to enter text.

**Ethnicity**

To which ethnic groups do you belong? (You may tick up to three. Or, if more than one, please tick the one you most identify with).

[ ] NZ European/ European/Pakeha [ ] Tongan [ ] Other Pacific Island

[ ] Niuean [ ] Chinese [ ] Samoan

[ ] Tokelauan [ ] Indian [ ] Cook Island Maori

[ ] Fijian [ ] Other Asian

[ ] NZ Maori (please specify which Iwi you identify with

Click here to enter text.

[ ] Other/ Other Asian/ Other Pacific Island (please specify)

Click here to enter text.

**Secondary School attended**

Click here to enter text.

Name of the last secondary school you attended:

What was your last year at secondary School?

Click here to enter text.

What is the highest level of achievement you hold from secondary school? Tick one box only

[ ]  No formal secondary qualification or less than 12 credits at level 1

[ ]  Overseas Qualification (includes International Baccalaureate & Cambridge Exams)

[ ]  14 or more credits at any level

[ ]  NCEA Level 1 or School Certificate [ ]  NCEA Level 2 or Sixth Form Certificate

[ ]  University Entrance [ ]  NCEA Level 3 or Bursary or Scholarship

[ ]  Other

Click here to enter text.

Click here to enter text.

Year qualification gained:

**Tertiary Study**

Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment or Wānanga, either in New Zealand or overseas since leaving school? (Do not include enrolments in Community education programmes).

[ ]  Yes- go directly to next section

[ ]  No – what year did you first enrol in tertiary education?

Click here to enter text.

**Prior Activity** What was your main activity or occupation as at **1 October 2019**?

[ ]  Secondary school student [ ]  College of Education student

[ ]  Non-employed/beneficiary (excluding retired) [ ]  House person or retired

[ ]  Wage or salary worker [ ]  overseas (irrespective of occupation)

[ ]  Self-employed [ ]  Private Training Establishment student

[ ]  University student [ ]  Wānanga student

[ ]  Polytechnic student

**Disability** *(this information will not affect your right to enrol; it will help us to assist you with your studies)*

Do you live with the effects of significant injury, long term illness or disability?

 [ ] No

 [ ] Yes, *please specify how your disability affects you*

[ ] Deaf [ ] Specific Learning [ ] Physical/mobility

[ ]  Hearing [ ]  Medical [ ] Speech

[ ] Blind [ ]  Head Injury [ ]  Visual

[ ] Mental Health

[ ] Temporary (specify )

Click here to enter text.

Click here to enter text.

[ ] Other (specify)

[ ] Do you need specific support assistance or specialised equipment?

**What is/are your reason(s) for undertaking training with SPELD NZ?**

[ ]  for professional development

[ ]  for career/employment enhancement

[ ]  for general interest / to learn more about SLD generally

[ ]  to become a SPELD NZ teacher

Please describe in up to 500 words, your involvement with specific learning disabilities and how you will use the training following the course. You may submit this as a separate document.

Click here to enter text.

**Course enrolment**:

On receipt of your Application for Enrolment, we will check your eligibility to enrol and for completeness of information. SPELD NZ will then arrange an interview with you and confirm your eligibility to enrol. Places on the course are limited and your acceptance may be subject to a selection process. If selected, we will issue you with a Public Trust Fee Protection Contract which you must sign and return to us. Payment of the course fee (TBC) must be made to Public Trust.

How do you intend to pay for your fees?

(Note: If you receive a scholarship, there will be a shortfall, which you must pay to Public Trust.)

[ ]  Cheque payable to Public Trust

[ ]  Deposit to: The Public Trust account

[ ]  Credit Card (Please contact us for an individual secure online link)

Do not make payment until you have signed your public trust Fee Protection Contract

**Certified copies**

A certified copy is a photocopy that has been signed as a true and accurate copy of the original by a person listed in the Oaths and Declaration Act 1957 as being able to take declarations. This person could be a solicitor, JP, Postmaster or school principal.

To obtain certified copies:

* photocopy your tertiary qualifications and the page of your passport containing name, date of birth, nationality etc. (If you are not a NZ citizen please also photocopy the page of your passport containing your NZ residency permit).
* Take the originals and the photocopies of your passport and qualifications to the person certifying and have your photocopies certified correct. The person must add their name, their title (eg principal of x school), their signature and the date signed

**Checklist**

Have you completed ***all*** the sections of this form? Have you enclosed the following documents?

* Police Vetting Request
* Reference form
* Scholarship Application (if applicable)

Have you enclosed the following **certified** documents?

* Your NZ teacher registration card (if applicable)
* Your teaching or related qualification
* Your NZ Passport or Birth Certificate or NZ Permanent Residency Permit (if your overseas passport has expired, please provide a letter from NZ Immigration confirming your residency status)
* Your driver’s licence (if available)
* Your Marriage Certificate/Dissolution of Marriage documents, if you have had a name change since your qualification was issued.

**Please email the application form and associated documents to** **nationaloffice@speld.org.nz** **and post the originals to Course Applications, SPELD NZ, PO Box 24 617, Royal Oak, Auckland 1345.**

Enrolment will be confirmed once application has been approved, signed Public Trust contract returned to us, interview completed and confirmation of payment made.

**Declaration**

I apply to be enrolled in the Course on this form.

I acknowledge, understand and accept that in signing this declaration SPELD NZ Inc and associates have the right to cancel programmes and to limit student numbers in the course; cancel, postpone or re-schedule courses without notice, or otherwise vary this agreement, if the variation is caused by reasons beyond its control.

I authorise SPELD NZ Inc to collect, store, use and disclose personal information about me in accordance with the Privacy Act 1993. The information provided by me in this form is true and correct. If this information is subsequently found to be false, my enrolment may be cancelled and I will be liable for any costs incurred by SPELD NZ Inc in cancelling my enrolment.

Click here to enter text.

Name: Signature

Date:

Click here to enter text.