** SPELD NZ Teaching Certificate in Specific Learning Disabilities**

 **Enrolment Form 2025**

This Enrolment Form collects essential information to enable SPELD NZ to provide statistics to our Stakeholders and 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 copies of ID and other documentation to:**

**Course Applications, SPELD NZ, PO Box 24-617, Royal Oak, Auckland 1345.**

**Please also email copies to** **training@speld.org.nz**

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

**Broadband access is essential.**

**Kaiako Whai Rēhitanga |Teacher registration of Aotearoa New Zealand:**

**Teachers’ Council #:**Click here to enter text. **Expiry Date:** Click here to enter text.

**Status:** Full Provisional Subject to Confirmation Expired

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

Click here to enter text.

Click here to enter text.

 Date of Birth: Gender:

|  |  |
| --- | --- |
| First names | Click here to enter text. |
| Preferred name | Click here to enter text. |
| Surname | Click here to enter text. |
| Previous name | 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 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) For any course materials and correspondence:

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

Click here to enter text.

**Emergency Contact**

|  |  |
| --- | --- |
| Name | 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.

Click here to enter text.

[ ] New Zealand citizen [ ] NZ Permanent Resident (State country of citizenship)

[ ] Australian Citizen [ ] Other (please specify)

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.

**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?

**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 most recent teaching experience. If you were self-employed or not teaching, please also give details of those jobs.

**Employer 1**

|  |  |
| --- | --- |
| Name of School (if applicable) | Click here to enter text. |
| Address of School | 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. |
| Your Position  | 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

Click here to enter text.

while you worked in this organisation:

**Employer 2**

|  |  |
| --- | --- |
| Name of School | Click here to enter text. |
| Address of School | 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. |
| Your Position  | 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.

**Prior Activity: Curriculum vitae to be attached.**

What was your main activity or occupation as of **1 October**?

[ ]  College of Education student [ ]  Polytechnic 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

**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. Places on the course are limited and your acceptance may be subject to a selection process. If selected, we will notify you and issue an invoice for the course fee. (Note: If you receive a scholarship, there will be a shortfall, which you must pay)

Payment on receipt of Invoice - Enrolment will be confirmed once payment is received.

**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, Justice of the Peace or Notary Public**.

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, their signature and the date signed

**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 2020. 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.

**Checklist**

Have you completed ***all*** the sections of this application form?

Please email all the following documents to training@speld.org.nz

You must also have the **highlighted** documents **certified** and postedto P O Box 24617 Royal Oak Auckland 1345

[ ]  Application form

[ ]  Police Vetting Request

[ ]  Reference form

[ ]  Scholarship Application (if applicable)

[ ]  Curriculum Vitae

[ ]  Copy of 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.