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| APPLICATION FOR TRAINING | | | | | | | | | | | |  | | | | | | | |
| **1. Personal Details** | | | | | | | | | | | | | | | | |
| Title *Mr/Ms/Miss/Mrs./Other specify* | | | | | Attach a recent passport size photograph here.  Write you name on the back of your photograph.  A digital file is also acceptable. | | | | | | | | | | | |
| *Full name as shown in passport*  Family Name | | | | |  | | | | | | | | | | | |
| Given Name(s) | | | | |  | | | | | | | | | | | |
| Other Name(s) Known By | | | | |  | | | | | | | | | | | |
| Preferred First Name | | | | |  | | | | | | | | | | | |
| Postal Address | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | Postcode | | | | | | | | | |  | | | | | |
| Telephone (including STD code) | | | | |  | | | | | | | | | | | | | | | |
| Mobile | | | | |  | | | | | | | | | | | | | | | |
| Email | | | | |  | | | | | | | | | | | | | | | |
| Home Address  (if different from above) | | | | |  | | | | | | | | | | | | | | | |
| Date Of Birth *(dd/mm/yyyy)* | | | | |  | | | | | | | | | | | | | | | |
| Gender | | | | | 🞎 Male 🞎 Female | | | | | | | | | | | | | | | |
| Marital Status (tick one)  🞎 Married 🞎 Never married 🞎 Widowed 🞎 Separated 🞎 Divorced | | | | | | | | | | | | | | | | | | | | |
| If married, state wedding date *(dd/mm/yyyy)* | | | | | | |  | | | | | | | | | | | | | |
| **2. Programme Details** | | | | | | | | | | | | | | | | | | | | |
| State Proposed Intake Year | | | | | 20……….. | | | | | | 🞎 FEBRUARY 🞎 JULY | | | | | | | | | |
| Programme of Study | |  | | | | | | | | | | | | | | | | | | |
| 🞎 Level 5 Diploma in Intercultural Studies [1 year full-time]  *IELTS Academic 5.5 (no score less than 5.0), or NZCEL Level 4 or equivalent, required*  🞎 Level 6 Diploma in Intercultural Studies [1 year full-time]  *IELTS Academic 6.0 (no score less than 5.5), or NZCEL Level 4(Academic)or equivalent, required* | | | | | | | | | | | | | | | | | | |
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| Type of Training | | 🞎 RESIDENTIAL (living on campus) *Note. All International students must be residential*  🞎 NON-RESIDENTIAL | | | | | | | | | | | | | | | | | | |
| Mode of Study | | 🞎 FULL-TIME 🞎 PART-TIME *If you intend to study part-time, the courses to be studied must be agreed in advance with the academic advisor.* | | | | | | | | | | | | | | | | | | |
| Have you studied in New Zealand before? | | | | | | | | | 🞎 Yes 🞎 No | | | | | | | | | | | |
| Your National Student Number(NSN), if known | | | | | | | | | − − − | | | | | | | | | | | |
| **3. Nationality** | | | | | | | | | | | | | | | | | | | | |
| Nationality  *Please indicate all countries for which you hold a passport.* | | |  | | | | | | | | | | | | | | | | | |
| Country of citizenship | | | ………………………….……….………………………………………………………  *For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand.* | | | | | | | | | | | | | | | | | |
| Passport Details  *Attach a verified copy of the passport you will use to enter NZ to the back of the form.* | | | *Number:*  *Country of Issue:* | | | | | | | | | | | | | | | | | |
| Residency | | | *New Zealand resident / Permanent resident*  *Australian permanent resident*  *Not applicable* | | | | | | | | | | | | | | | | | |
| Date of Residency (dd/mm/yyyy) | | |  | | | | | | | | | | | | | | | | | |
| If you are not a New Zealand or Australian citizen nor a New Zealand Permanent Resident, please indicate your fee assistance status | | | * *Domestic Student*  *00* * *NZAID student  01* * *International Fee-Paying Student*  *03* * *Refugee or protected person whose application for residence*   *is being processed OR a person who has made a claim to be*  *recognised as a refugee or protected person and holds a valid*  *temporary visa  13*  *Note: 00 for NZ citizen or resident, NZ Permanent resident, AUS citizen or permanent resident residing in NZ during the time studying for this qualification.* | | | | | | | | | | | | | | | | | |
| **4. Ethnicity** | | | | | | | | | | | | | | | | | | | | |
| What ethnic group(s) do you belong to?  *You may tick up to three boxes which apply to you* | | | *NZ European/Pakeha* *111 Filipino**411*  *New Zealand Māori**211 Cambodian* *412*  *Samoan* *311 Vietnamese* *413*  *Cook Island Māori* *321 Other Southeast Asian \** *414*  *Tongan* *331 Chinese* *421*  *Niue* *341 Indian* *431*  *Tokelauen* *351 Sri Lankan* *441*  *Fijian**361 Japanese**442*  *Other Pacific Peoples \**  *371 Korean**443*  *British/Irish* *121 Other Asian \***444*  *Dutch**122 Middle Eastern* *511*  *Greek**123 Latin American* *521*  *Polish* *124 African* *531*  *South Slav* *125 Other \** *611*  *Italian* *126 Not Stated* *999*  *German* *127*  *Australian* *128*  *Other European \**  *129*  Please specify if *“Other Pacific Peoples”, “Other European”, “Other Southeast Asian”, “Other Asian”* or *“Other”.*  ………………………………………………………………………………………… | | | | | | | | | | | | | | | | | |
| Iwi: If you identified as New Zealand Māori in question above, what is the name of your iwi (tribe or tribes) and rohe?  *You may enter more than one iwi. If you do not know your iwi, please enter “Don’t Know”.* | | | *Iwi:*  *Rohe (iwi home area):*  *Iwi:*  *Rohe (iwi home area):*  *Iwi:*  *Rohe (iwi home area):* | | | | | | | | | | | | | | | | | |
| Language(s) spoken | | |  | | | | | | | | | | | | | | | | | |
| **5. Education** | | | | | | | | | | | | | | | | | | | | |
| What was your MAIN activity or occupation **in New Zealand** at 1 October last year? You may tick only one box. (Tick “*overseas*” if you weren’t in New Zealand)  *Secondary school student* *01* *Non-employed or beneficiary (excluding retired)*  *02*  *Wage or salary worker* *03* *Self-employed* *04*  *University student* *05* *Polytechnic student*  *06*  *House-person or retired**08* *Overseas (irrespective of occupation)*  *09*  *Private training establishment student*  *11 Wānanga student*  *12* | | | | | | | | | | | | | | | | | | | | |
| What is the highest level of achievement you hold from a secondary (high) school? Your highest achievement may be a “traditional” award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. Tick only one box.  *No formal secondary qualifications*  *00*  *14 or more credits at any level  11*  *NCEA Level 1 or School Certificate  12*  *NCEA Level 2 or 6th form Certificate  13*  *University Entrance  14*  *NCEA Level 3 or Bursary or Scholarship  15*  *Overseas Qualification (includes baccalaureate & Cambridge Exams)*   *09*  *Other  98*  *Not known*  *99*  If you have ticked “Overseas Qualification” or “Other”, please specify qualification.  …………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | |
| **Secondary School Name** ( What was the name of the last secondary (high) school you attended?  State “*overseas*”, if outside New Zealand)  …………………………………………………………………………  **Last Secondary School Year** (What was your last year at secondary (high) school?) (yyyy)  ……………………  **Tertiary Education** Is this the first time you are enrolling in a University, Subsidiaries of Te *Pūkenga (Institutes of Technology or Polytechnic),* College of Education, Industry Training Organisation, Government Training Establishment, Private Training Establishment, or Wānanga either in New Zealand or overseas since leaving school? Do not include enrolments community classes.  *YES* *NO*  **Tertiary Institution Name** (If you answered “*No*” to the question above, please enter the name of the institution you studied at)  ………………………………………………………….……………  **Tertiary Institution Enrolment Year** (If you entered an institution in the question above, please state the FIRST year of your enrolment there) (yyyy)  …………………… | | | | | | | | | | | | | | | | | | | | |
| 6. Academic/Professional Qualifications | | | | | | | | | | | | | | | | | | | | |
| *Please give details of your qualifications obtained-one per field.* *(If you need additional space, use separate sheet.)* | | | | | | | | | | | | | | | | | | | | |
| *Qualification* | | | | | | *Institution* | | | | | | | | | | | | | *Month and Year obtained* | |
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| **7. Work Experience** | | | | | | | | | | | | | | | | | | | | |
| *List below your previous and present occupations.*  *(If you have had more than seven occupations, only list seven, e.g., the most recent or more relevant ones.)* | | | | | | | | | | | | | | | | | | | | |
| *Position Held* | *Organisation* | | | | | | | | | | | | *Full/Part-time* | | | | | | *Dates*  *(mm/yyyy to mm/yyyy)* | |
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| 8. Local Church | | | | | | | | | | | | | | | | | | | | |
| When were you converted to follow the Lord Jesus Christ? | | | | | | | | | | |  | | | | | | | | | |
| Name the church fellowship which you attend regularly. | | | | | | | | | | |  | | | | | | | | | |
| Are you a member there? | | | | | | | | | | |  | | | | | | | | | |
| Does the leadership approve of your application? | | | | | | | | | | |  | | | | | | | | | |
| 9. Ministry | | | | | | | | | | | | | | | | | | | | |
| In what Christian work have you served? | | | | | | | |  | | | | | | | | | | | | |
| Have you helped lead others to Christ? | | | | | | | |  | | | | | | | | | | | | |
| Do you currently have a call to cross-cultural missionary service? | | | | | | | |  | | | | | | | | | | | | |
| If not, are you open for a call to cross-cultural missionary work? | | | | | | | |  | | | | | | | | | | | | |
| Do you intend to apply to, or have you applied to, any particular Christian organisation?  If so, please give the name of the organisation | | | | | | | |  | | | | | | | | | | | | |
| 10. Spiritual Life | | | | | | | | | | | | | | | | | | | | |
| How much of the Bible have you read? | | | | | | | |  | | | | | | | | | | | | |
| List three Christian books you have read recently | | | | | | | |  | | | | | | | | | | | | |
| What particular spiritual or physical gifts do you have? Please give details. | | | | | | | |  | | | | | | | | | | | | |
| Approximately how many minutes do you spend in prayer and Bible study daily? | | | | | | | |  | | | | | | | | | | | | |
| Have you been involved in cults, the occult, and/or temple worship? (You may need to check with your parents as it could be when you were still very young.) | | | | | | | |  | | | | | | | | | | | | |
| 11. Female Applicants Only | | | | | | | | | | | | | | | | | | | | |
| For the purpose of planning accommodation, please indicate, if you are comfortable to do so, whether you are pregnant and when your baby is due. | | | | | | | |  | | | | | | | | | | | | |
| Again, for accommodation planning, please indicate, if you are comfortable to do so, if you are planning to have a baby during the course of your studies. | | | | | | | |  | | | | | | | | | | | | |
| 12. Family Details*(For residential students, a separate application form is necessary for non-studying spouses)* | | | | | | | | | | | | | | | | | | | | |
| Spouse’s Full Name | | | | | | | | | | |  | | | | | | | | | |
| Spouse’s Date of Birth *(dd/mm/yyyy)* | | | | | | | | | | |  | | | | | | | | | |
| Full Name of Children | | | | | | | | | | | Gender (M/F) | | Date Of Birth | | | | | | | |
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| **13. Health (If you are in doubt about information in this section, consult your doctor)** | | | | | | | | | | | | | | | | | | | | |
| Do you have recurring problems in any of the following? | | | | | | | | | | | | | | | | | | | | |
| Headaches 🞎 Yes 🞎 No | | | | | | | | | | | Asthma 🞎 Yes 🞎 No | | | | | | | | | |
| Eye Strain 🞎 Yes 🞎 No | | | | | | | | | | | Hay Fever 🞎 Yes 🞎 No | | | | | | | | | |
| Sinus Trouble 🞎 Yes 🞎 No | | | | | | | | | | | Other Allergies 🞎 Yes 🞎 No | | | | | | | | | |
| Skin Condition 🞎 Yes 🞎 No | | | | | | | | | | | Back Problems 🞎 Yes 🞎 No | | | | | | | | | |
| Sore Throats 🞎 Yes 🞎 No | | | | | | | | | | | Repetitive Strain Injury 🞎 Yes 🞎 No | | | | | | | | | |
| Are there any foods or drinks you are not able to take? | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | |
| Do you live with the effects of significant injury, long-term illness, or disability? | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | |
| Do you have a special or communication impairment, such as Asperger’s syndrome/other autistic spectrum disorder? | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | |
| Do you have a specific learning difficulty, such as dyslexia or AD(H)D? | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | |
| Are there any other factors relating to health or well-being that could impact your ability to study, to engage in physical activities, to share accommodation or live in community? | | | | | | | | | | | | | | 🞎 Yes 🞎 No | | | | | | |
| If you answered “Yes” to any of the above, please give more details of any specific support or resources  you require in order to facilitate your learning. | | | | | | | | | | | | | | | | | | | | |
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| If you carry meditations for allergies, please detail below. | | | | | | | | | | | | | | | | | | | | |
| 14. Miscellaneous Information | | | | | | | | | | | | | | | | | | | | |
| How or by whom were you influenced to consider Eastwest College? | | | | | | | |  | | | | | | | | | | | | |
| Are there relatives, or others, dependent on your ongoing support such that it may have an impact on your studies?(Give details) | | | | | | | |  | | | | | | | | | | | | |
| Do you agree with the doctrinal basis of Eastwest College as displayed on the college website? | | | | | | | | *Yes  No (If you answered ‘No’, please comment)* | | | | | | | | | | | | |
| **15. English Language Requirement** | | | | | | | | | | | | | | | | | | | | |
| Is English your first language? (If “Yes” go the next section) | | | | | | | | | | | | | | | | *Yes* *No* | | | | |
| If “No”, Please state the results of your most recent English proficiency test. *(IELTS or equivalent)* | | | | | | | | | | | | | | | |  | | | | |
| Did you receive help in completing this form? | | | | | | | | | | | | | | | | *Yes* *No* | | | | |
| **16. Emergency Contact** | | | | | | | | | | | | | | | | | | | | |
| Name | | | |  | | | | | | | | | | | | | | | | |
| Relationship to applicant | | | |  | | | | | | | | | | | | | | | | |
| Address | | | |  | | | | | | | | | | | | | | | | |
| Postcode | | | | | | | | | | | | | |  | | |
| Telephone (including STD code) | | | |  | | | | | | | | | | | | | | | | |
| Mobile | | | |  | | | | | | | | | | | | | | | | |
| Email | | | |  | | | | | | | | | | | | | | | | |
| **17. Referees** | | | | | | | | | | | | | | | | | | | | |
| Please provide **3 references**. They should be willing to answer enquiries about you, and have known you for at least 1 year. They should have a knowledge of your life and work for Christ. One must be your pastor or senior church elder. **No references are accepted from family members**. | | | | | | | | | | | | | | | | | | | | |
| 1. Name of referee | | | | | | | | | |  | | | | | | | | | | |
| Relationship to applicant | | | | | | | | | |  | | | | | | | | | | |
| Occupation | | | | | | | | | |  | | | | | | | | | | |
| 2. Name of referee | | | | | | | | | |  | | | | | | | | | | |
| Relationship to applicant | | | | | | | | | |  | | | | | | | | | | |
| Occupation | | | | | | | | | |  | | | | | | | | | | |
| 3. Name of referee | | | | | | | | | |  | | | | | | | | | | |
| Relationship to applicant  Occupation | | | | | | | | | |  | | | | | | | | | | |
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| **18. Application Process Terms and Procedures** | | | | | | | | | | | | | | | | | | | | |
| *Eastwest College of Intercultural Studies, a department of WEC Aotearoa New Zealand (registered charity CC27877), is registered as a private training establishment by the New Zealand Qualifications Authority under the provisions of the Education and Training Act 2020 and its subsequent amendments.*  **Proof of Identity**  *To enrol in a New Zealand tertiary education organisation, you must prove evidence of citizenship and/or permanent residency.*  ***International*** *students must produce their passport and a visa that is valid for undertaking study in New Zealand. On arrival at Eastwest College, they must bring their documentation with them to orientation day to be photocopied and verified for academic records.*  ***Domestic*** *students must provide* ***one of the following****:*  *• Birth certificate with place of birth stated as New Zealand, Cook Islands, Tokelau, or Niue*  *• New Zealand passport*  *• Australian passport*  *• A statement of whakapapa, including date of birth, countersigned by a kaumatua*  *• Certificate of citizenship of New Zealand or Australia*  *• Proof of New Zealand or Australian Permanent Residency*  *You can bring the original documentation to the reception desk. Alternatively, please provide a certified copy. A certified copy is a photocopy of your original document, signed as being a true and accurate copy by a Justice of the Peace (JP), Barrister or Solicitor, Notary Public, Court Register/Deputy Registrar, or Member of Parliament. When a student is in a remote community and unable to access a person listed in the Oaths and Declarations Act, a member of the New Zealand Police, school principal, minister of religion, or general practitioner is acceptable.* | | | | | | | | | | | | | | | | | | | | |
| **Important Information** | | | | | | | | | | | | | | | | | | | | |
| **a. *Education Code of Practice 2021***  *Eastwest College of Intercultural Studies is a signatory to the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021, and is committed to providing a healthy learning environment for the welfare, safety and wellbeing of learners.* | | | | | | | | | | | | | | | | | | | | |
| **b. *Immigration***  *Full details of visa and permit requirements, advice on rights to employment in New Zealand while studying, and reporting requirements are available through the Immigration New Zealand, and can be viewed on their website.* | | | | | | | | | | | | | | | | | | | | |
| **c. *Eligibility for Health Services***  *Most international students are not entitled to publicly funded health services while in New Zealand. If you receive medical treatment during your visit, you may be liable for the full costs of that treatment. Full details on entitlements to publicly-funded health services are available through the Ministry of Health, and can be viewed on their website.* | | | | | | | | | | | | | | | | | | | | |
| **d. *Accident Insurance***  *The Accident Compensation Corporation provides accident partial insurance for all New Zealand citizens and residents, as well as for temporary visitors to New Zealand, but you may still be liable for all other medical and related costs. Further information can be viewed on the ACC website.* | | | | | | | | | | | | | | | | | | | | |
| **e. *Medical and Travel Insurance***  *All international students must have appropriate and current medical and travel insurance while studying in New Zealand. Please contact finance@eastwest.ac.nz for assistance to arrange appropriate insurance.*  **f*. Recognition of Prior Learning***  *If you have completed Bible College or Seminary courses for which you seek credits transfer, please contact office@eastwest.ac.nz for an application for cross credits of prior learning.*  **Declaration**  ***a. Privacy*** *– Eastwest College of Intercultural Studies collects and stores information from this form to comply with the requirements of the Ministry of Education and Training Act 2020 and other legislation relation to the maintenance of records and supply of information to the Ministry of Education, Education New Zealand Qualifications Authority, Tertiary Education Commission, Ministry of Social Development, Inland Revenue Department, Immigration New Zealand, and agencies who support particular students through scholarships and prizes, payment of fees or other awards (if you are a recipient of one of these awards). The information is also used to manage administrative processes, for statistical analysis, research and reporting. Information about students may be supplied to other educational institutions, for the purpose of verifying academic records.*  *When required by law, Eastwest College releases information to Government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, Statistics New Zealand and the Accident Compensation Corporation (ACC).*  *Your personal details(names, date of birth, and residency)as entered on this application form will be included in the National Student index and may be used in an authroised information matching programme with the New Zealand Birth Register.*  *In signing this application form you authorise such disclosure on the understanding that Eastwest College will observe the general conditions governing the release of information, as set out in the Education and Training Act 2020, the Education Act 1989, Statistics Act 1975 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact the Faculty Officer.*  ***b. Fees*** *– In signing this application form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. Eastwest College’s policy on withdrawal and refund of fees may be obtained from the College office or on the college website.*  ***c.******Rules*** *– In signing this application form you undertake to comply with the published rules and policies of Eastwest College of Intercultural Studies with regard to attendance, academic integrity and progress, behaviour, and use of information systems.* | | | | | | | | | | | | | | | | | | | | |
| **19. Additional Information** *(Use this field for responses that didn’t fit in the fields above, or to provide any other information relevant to study and/or community living at Eastwest College.)* | | | | | | | | | | | | | | | | | | | | |
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| **20. Submission and Attachment** | | | | | | | | | | | | | | | | | | | | |
| * On a separate page please give your testimony, covering conversion, growth, beliefs regarding the Great Commission (Matthew 28:19, 20) and details of guidance about applying to the College. * Attach official results of your IELTS equivalent test, academic/qualification transcripts (if any). * Copy of your passport or birth certificate. * International student Pastoral Care Form (International Student only) | | | | | | | | | | | | | | | | | | | | |
| **21. Declaration** | | | | | | | | | | | | | | | | | | | | |
| I declare that to the best of my knowledge all the information supplied on, and with, this application form is true and complete. I have read the Application Process Terms and Procedures section, and I agree to abide by the conditions described there. I consent to the disclosure of personal information as described in that section.  ………………………………… ………./………./……….  *Applicant’s signature* *Date* | | | | | | | | | | | | | | | | | | | | |
| **Return completed form together with all verified copies/official documents to:**  **@** office@eastwest.ac.nz  *or* Admissions OfficeEastwest College of Intercultural Studies 21 College Drive  RD 1  Taupiri 3791 New Zealand | | | | | | | | | | | | | | | | | | | | |
| **Have you signed the declaration on this form?** | | | | | | | | | | | | | | | | | | | | |

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| **For office use only** |
| Programme Code :  Entered on to SMS on / / by Ref : |
| Other ID : |
| Notes: |