

Student Enrolment Form

Privacy Act 1993 *(Please read carefully)*

Team Workz Education Ltd requires personal information for the sole purpose of reporting results to relevant stakeholders including TEC (Tertiary Education Commission), NZQA, Industry Training Organisations (ITOs), the Ministry of Education (MoE) and/ or your employer. Photographs are only used for training and marketing purposes.

By signing this form, you agree and give permission to use your information as stated above. You have the right to access this information and obtain a copy of any relevant report/s of your learner information.

First & Last Names:	
Date of Birth <i>(00/00/0000):</i>	
Ethnicity:	
Resident/ Citizen/ Work Visa <i>(Please attach a copy of your ID/ Passport, Residency)</i>	
Language/s:	
Address:	
Telephone No: <i>(Mobile/ Landline)</i>	
Email Address:	
Company Name & Site: <i>(If employed or last employment)</i>	
Your Manager/ Supervisor: <i>(If employed or last employment)</i>	
Your Job Role:	

Student's Signature: _____

Date: _____