International Application Form



Please read: Personal Information and the Privacy Principles in the Admission & Enrolment Guide.

WHEN COMPLETED

Please complete this form and send it to: International Admissions

International Admissions Ara Institute of Canterbury PO Box 540 Christchurch 8140 New Zealand

To be completed in English.

Tel. +64-3-940 8000 Email: intladmissions@ara.ac.nz

To ensure timely processing of your application, please ensure the following documents are included:

APPLICATION CHECKLIST

Please attach certified copies of your study certificates, academic transcripts, records, etc in English.

- A certified English translation and certified original of entrance qualifications and academic records
- A copy of a recent IELTS or PTE results sheet or other proof of English proficiency
- Details of any relevant work experience eg curriculum vitae, resume, references
- Completion of the compulsory personal statement below

Please tell us why you want to study this course and what your plans are when you have finished your study at Ara.

NAME OF APPLICANT - This form must be completed in black or blue pen.

Legal family name

Legal given name(s)

Please print your legal name in full. If you are not commonly called by your legal name please fill in a preferred given name below.

Preferred given name					
Gender	Male	Female	Another gender	Date of Birth	
Pronouns	He/Him/Hi	is	She/Her/Hers	They/Them/Theirs	
Have you previously been knowr	n by anothei	r name?			
Previous family name(s)					
Previous given name(s)					
Have you previously been enrolle	ed at Ara?	Yes	No		
lf yes, complete (if known) Ara Student ID				National Student Identity (NSI) or NZQA No. (if known)	
Citizenship (Nationality)					
Passport number			Passpor	t expiry date	
Issuing country			Student if any	visa expiry date	

Ara is a Business Division of Te Pūkenga – New Zealand Institute of Skills and Technology

which ethnic group or	groups do you bei	ong to? (lick one or more	boxes, or specify)				
Chinese	Korean	Japanese	Thai	Indian	Russian	Vi	etnamese
Malaysian	British/Irish	Filipino	German	Arab	Other ethnic	city	
Home address (in your	r country)				I	Post Code	
Telephone	Country Area	Number	Mobile				
Email							
Address (while in NZ)					I	Post Code	
Telephone			Mobile				
Email							
Who should we conta	act in an emergen	cy?					
Name				Relationship			
Address					I	Post Code	
Telephone			Mobile				
Email							
What is your first langu	uage?		How long h	nave you studied Er	nglish?	years	months

This information regarding your educational background is required by the New Zealand Ministry of Education.

Will this be the first year you have ever enrolled in an University, Polytechnic, College, Private Training Establishment either in NZ or overseas since leaving school? Do not include enrolments in community, STAR, or hobby classes.

Yes No If you answered NO, please enter the year of your first enrolment

What was your MAIN activity or occupation as at 1 October last year? (Tick one box only)

Overseas	House person or retired	Wage or salary worker
Polytechnic student	University student	Secondary school student
Private training establishment student	Wananga student	Self employed

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

	Overseas qualification		
	No formal or secondary qualification	University Entrance	
	NCEA 1 or School Certificate	NCEA 3 or Bursary Scholarship	
	NCEA 2 or Sixth Form Certificate	Other (Please specify if none of the above)	
scł	nat is the last secondary nool you attended? 'rite "overseas" if applicable)		ln what year did you leave?

STUDY PLAN

English Language (please complete English course details below)

Other programme (please complete other programme details)

ENGLISH COURSE DETAILS				
What date do you plan to start study?			Please refer	to School of English Calendar for start dates.
Location of study	Christchurch	Timaru	Ashburton	
How many weeks do you plan to study?				
Intensive General English/English Teacher Training (CELTA)	New Zealand Certificat	te in English Langı	uage	English Plus Volunteer Work

OTHER PROGRAMME DETAILS

OTTER PROGRAM		
Which programme(s)	would you like t	to apply for?
Programme 1		
Start date		
Location of study	Christchurch	Timaru
Programme 2		
Start date		
Location of study	Christchurch	Timaru
Programme 3		
Start date		
Location of study	Christchurch	Timaru
Please refer to ara.ac.n	z/international	for further details.

ACCOMMODATION

Do you require us to make homestay (minimum stay 4 weeks) arrangements for you?	Yes	No
How many weeks?		
(Homestay provides an excellent opportunity for you to practise your English.)		
If you would like us to arrange homestay for you, a homestay form will be sent to your email addres Please complete all the sections and send back to us at intladmissions@ara.ac.nz	s supplied	d for you to complete.
If NO, please refer to ara.ac.nz/accommodation for more information.		

COMPULSORY HEALTH & TRAVEL INSURANCE

The Ministry of Education has published the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 and requires all international students to have comprehensive health and travel insurance. We can arrange insurance for the period of your enrolment. If you have not supplied proof of insurance by the start date of your course, Ara will take out an insurance policy on your behalf, from our preferred provider.

You will be required to meet the costs of this policy. You will be charged based on the period of your enrolment.

When do you expect to leave your home country? (please specify)

Ara will arrange insurance for a length required to cover your study.

Do you have any pre-existing medical/dental conditions? Yes No (A pre-existing medical condition is any condition that in the last 12 months meant you have sought the advice of a doctor, had or needed medical treatment/ had signs or symptoms, whether diagnosed or not).

CODE OF PRACTICE

Ara has agreed to observe and be bound by the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021 published by the Ministry of Education. Copies of the Code are available on request from this institution or from the New Zealand Ministry of Education website at http://www.minedu.govt.nz

YOUR LEARNING SUPPORT

Tertiary study can be academically demanding.

Would you like information about the	e learning resources and	d services availab	le to you?	Yes	No

HEALTH AND SAFETY

In an emergency would you need help to leave the building?	Yes	No
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ACCESSIBILITY AND DISABILITY SUPPORT

It is important to complete this section in full and as honestly as possible. This ensures that we can assist in discussing/arranging appropriate support for you while studying at Ara and any additional cost that may be incurred. This information will remain confidential and not affect your right to study.

Do you describe yourself as disabled, Deaf, neurodivergent, tangata whaikaha Māori or living with a long-term physical or mental health condition?			No ot to disclose		
If YES, please indicate which of the following ap	oply to you:				
Neurodivergent (Autism, ADHD etc)	Blind	Low visio	on		
Deaf	Hard of hearing		ealth conditions (depression, lity disorder, etc		
Physical impairment	Specific learning disability (dyslexia, dysgraphia, etc)	Tempora	ary impairment		
Intellectual disability	Brain injury				
Medical (please specify)					
Other (please specify)					
Are you Deaf with NZ Sign Language as your fir	rst language?	Yes	No		
Are there supports that would help you while learning at Ara? Your response allows us to let you know what assistance is available. The information you provide is collected for statistical purposes and helps make education more accessible to all learners. Please select all of the supports you might need. (If "No", then other response categories must be blank).					
Access to assistive technology (e.g. for reading, writing and communication)					
Accessible format resources for course content					

Mobility and transport (e.g. navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan

New Zealand Sign Language Interpreter

Support with reading, writing and communicating in learning sessions, exams and assessments

Other learning or disability support

No, I do not need support at this time

WITHDRAWALS & REFUNDS POLICY

1 Definition

The Institute's Refund Policy is based on a student's "Path of Study". The definition of Path of Study (for International Students) is: The length of the programme as detailed in the "Statement of Fees" and accepted by payment and enrolment.

2 The formula for calculating a refund is as follows:

Consideration for Refund	Refund amount (Tuition fees)	Homestay placement fee	Documents to be submitted by student
Student withdrawing prior to the programme or course start date .	Full refund less NZ\$500 administration fee.	No refund.	Completed Withdrawal (Enrolment Amendment Form)
Student withdrawing within the first 7 calendar days of study.	80% of tuition fees paid (20% tuition fees will be deducted) and NZ\$500 administration fee.	No refund.	and written request to withdraw (email or letter to intladmissions@ ara.ac.nz).
Student withdrawing after 7 calendar days of study.	No refund.	No refund.	
A student visa is not granted or approved by Immigration New Zealand prior to arrival in New Zealand.	Full refund less \$500 administration fee.	No refund.	Official notification from Immigration NZ indicating the student visa application has been declined.
Student visa renewal declined by Immigration New Zealand on the basis of poor attendance, unsatisfactory academic performance and/or late visa application (Sec 61).	80% of tuition fees paid (20% tuition fees will be deducted) OR Refund will be pro-rated based on last attendance date .	No refund.	Official notification from Immigration NZ indicating the student visa application has been declined.
Cancellation of Enrolment by Ara.	No refund.	No refund.	A termination of enrolment letter.
Compassionate consideration (only considered when withdrawal circumstances are beyond student's control and meet the requirements of the Consideration of Fees & Charges Refund including Compassionate Consideration Policy).	Pro-rata basis if approved.	Refund decision will be determined on an individual basis.	Documentation supporting your application for a refund and Compassionate Consideration application form.

NEW ZEALAND PRIVACY ACT

Personal information is protected by the New Zealand Privacy Act 2020. The information collected and held by Ara will be used to register and enrol you, to assist you with your studies, to arrange for your stay in New Zealand, to monitor your welfare and progress, and to keep in touch with you in the future. Information about your enrolment, attendance, progress and welfare may be obtained from and disclosed to your parents, guardians, agents, other providers of international education, the Police, Department of Courts, Immigration New Zealand, NZQA or NZ Trade & Enterprise or insurance agent.

ACKNOWLEDGEMENT AND DECLARATION

To view Ara Policies and Procedures and Terms and Conditions of Enrolment see:

ara.ac.nz/about-us/policies ara.ac.nz/student-services/how-to-apply/terms-and-conditions-of-enrolment

• By submitting this application, if I accept a place for this programme I agree to read, understand, and comply with the Ara Terms and Conditions of Enrolment; Ara Policies and Procedures; and the published programme rules of Ara – including but not limited to Personal Information and Privacy Principles, Ara Fee Payment and Ara Student Rights and Responsibilities.

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- I understand and agree that Ara will collect, store, use and disclose personal information for the purpose of conducting its normal and proper business. I have read and understand how such information will be managed and disclosed in accordance with the Privacy Act 2020, Education and Training Act 2020 and any other relevant legislation.
- I understand that Ara collects information from a variety of tools designed solely for the purposes of supporting my learning. I am able to have access to this information if I wish and I also understand that this information may be shared with any other Tertiary Education Organisations with whom I enrol.
- I consent to the disclosure of personal information as described above.

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• I declare that to the best of my knowledge all of the information supplied for this application is true and complete. I acknowledge that the submission of fraudulent, forged or otherwise dishonest documentation in support of this application will automatically disqualify me from enrolment. I am the person named on this form.

l agree

Signed		Date	
Signature of parent/guardian if the applicant is under 18 years of age	e at the date they are due to commen	Date ce study, the parent/guardian must c	
Name of parent/guardian		Phor	ie
Relationship to applicant			
Please check that you have:	Answered all questions	• Signed the Declaration	• Provided original or verified ID documents
AGENT DETAILS			
Agent ID		Agent name	
Agent signature		Agent email	
Agent telephone			

If you are completing this International Application Form as an international agent on behalf of a student, it is your responsibility to make the student aware and agree to the student declaration, refund policy, and all the terms and conditions contained within this form. Your submission of this form is confirmation that this is understood and agreed by you. The student will be required to sign and agree to these declarations, terms and conditions as part of their enrolment process, on arrival in New Zealand and prior to commencement of study.