International Group Application Form

Ara
Institute of Canterbury
Ara rau, taumata rau

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

WHEN COMPLETED

Please complete this form and send it to: **Email: intlgroups@ara.ac.nz**
Tel. +64-3-940 8000

To be completed in English.

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

Title ☐ Miss ☐ Mrs ☐ Ms ☐ Mr ☐ Other

Gender ☐ Female ☐ Male ☐ Another gender Date of Birth (Please use numerals only: 00/00/0000)

Have you previously been known by another name?

Previous family name(s)

Previous given name(s)

Have you previously been enrolled at Ara? ☐ Yes ☐ No

If yes, complete (if known) Ara Student ID

National Student Identity (NSI) or NZQA No. (if known)

Citizenship (Nationality):

Passport number

Passport expiry date (Please use numerals only: 00/00/0000

Issuing country

Student visa expiry date if any (Please use numerals only: 00/00/0000

Which ethnic group or groups do you belong to? *(Tick one or more boxes, or specify)*

☐ Chinese ☐ Korean ☐ Japanese ☐ Thai ☐ Indian ☐ Russian ☐ Vietnamese
☐ Malaysian ☐ British/Irish ☐ Filipino ☐ German ☐ Arab ☐ Other

What is your first language? How long have you studied English? years months

Home address (in your country) Post Code

Telephone Country Area Number Mobile

Email

Address (while in NZ) Post Code

Telephone Mobile

Email

Who should we contact in an emergency? *(If you are under 18 please include guardian details, if different from above)*

Name Relationship

Address Post Code

Telephone Mobile

Email

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

Will this be the first year you have ever enrolled in an Institute of Technology, University, Polytechnic, College of Education, Private Training Establishment or Wananga, 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 (irrespective of occupation)
☐ University student
☐ House person or retired
☐ Secondary school student
☐ Polytechnic student
☐ Wananga student
☐ Wage or salary earner
☐ Self employed
☐ Private training establishment student

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

☐ Overseas qualification (includes International Baccalaureate and Cambridge Exams)
☐ 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)*

What is the last secondary school you attended? (State "overseas" if applicable)

In what year did you leave?

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

How many weeks do you plan to study?

COMPULSORY HEALTH AND 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 **https://www.minedu.govt.nz**

YOUR LEARNING SUPPORT

Tertiary study can be academically demanding.

Would you like information about the learning resources and services available 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? ☐ Yes ☐ No ☐ Prefer not to disclose

☐ Neurodivergent (Autism, ADHD etc)
☐ Blind
☐ Low vision
☐ Deaf
☐ Hard of hearing
☐ Mental health conditions (depression, personality disorder, etc
☐ Physical impairment
☐ Specific learning disability (dyslexia, dysgraphia, etc)
☐ Temporary impairment
☐ Intellectual disability
☐ Brain injury
☐ Medical *(please specify)*
☐ Other *(please specify)*

Are you Deaf with NZ Sign Language as your first language? ☐ Yes ☐ No

If you answered YES to the accessibility support question above, please tick below the type of support or equipment you currently use.

☐ 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**
Ara'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) and written request to withdraw (email or letter to intladmissions@Ara.ac.nz).
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.	
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.

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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:

https://www.ara.ac.nz/about-us/policy-library/all-policies/

https://www.ara.ac.nz/study-options/how-to-apply/terms-and-conditions

- 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.

  ☐ I agree

- 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.

  ☐ I agree

- 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.

  ☐ I agree

Signed* _____ Date _____

Signature of parent/guardian* _____ Date _____

if the applicant is under 18 years of age at the date they are due to commence study, the parent/guardian must complete the additional information.

Name of parent/guardian _____ Phone _____

Relationship to applicant _____

Please check that you have: • Answered all questions • Signed the Declaration • Provided original or verified ID documents

UNIVERSITY/AGENT DETAILS

Organisation ID _____ Organisation name _____

Staff signature* _____ Email _____

Phone _____

If you are completing this International Group Application Form as a university staff member or 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.

**insert electronic signature here*

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ACCOMMODATION

Ara will work with an approved Homestay Provider to arrange your accommodation while you are in New Zealand. If you are under 18, an additional placement fee may apply to cover the extra arrangements required to meet NZQA pastoral care requirements.

Family name

Given name(s)

Preferred given name

Gender ☐ Female ☐ Male ☐ Diverse

Date of Birth (Please use numerals only: 00/00/0000)

Email

Line or WhatsApp ID

To enable us to make homestay arrangements for you please answer the questions below.

Please tick (√) as many boxes as you like:

Family with:

☐ Young children ☐ Teenage children ☐ No children ☐ Pets ☐ don't mind

Comments:

Most New Zealand families have a cat and/or dog as a pet inside the house. They are clean, healthy and friendly.

Activities/Hobbies (eg sports, musical instruments, etc):

Any special religious requirements:

Food

Do you need special meals (eg vegetarian)?

Do you require Halal food? ☐ Yes ☐ No

Do you drink alcohol? ☐ Yes ☐ No

Do you smoke cigarettes? ☐ Yes ☐ No Do you vape? ☐ Yes ☐ No (Most New Zealanders do not allow smoking or vaping inside their houses.)

Are there any health matters we should be aware of (eg asthma, allergies). Please provide a medical certificate.

Expected date of arrival

Flight no./arrival time (if known)

Our homestay agent will try to find the closest match to your requirements subject to availability. Please be aware that there are likely to be differences in customs and living conditions between your homestay and your family in your home country.

Please return this accommodation form with the completed group application form to:

Email: intladmissions@ara.ac.nz

Post to: International Admissions, Ara, PO Box 540, Christchurch 8015, New Zealand