

# International Application for Admission

Please print clearly in English and in BLOCK letters. Please tick boxes where appropriate.

## Local representative information

Agent name	Agent URN
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## Student details

Family name		Given names	
Title	Date of birth (dd/mm/yyyy)	Age	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> (please tick)
Country of birth		Nationality	
Are you a Citizen or Permanent Resident of New Zealand? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide a copy of your current passport or visa*.			

\*Students must complete year 13 at a NZ secondary School, or, be 18 years of age or over.

Home address	
City	State/Province
Country	Postcode
Home telephone number (including country code)	Mobile telephone number (including country code)
Email	

## Parent/alternative contact details

Name	Relationship to student
Home address (if different from student address)	
City	State/Province
Country	Postcode
Home telephone number (including country code)	Mobile telephone number (including country code)
Business telephone number (including country code)	Fax number (including country code)
Email	

## Visa details

Do you have a current New Zealand Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If Yes, please provide a copy of your current visa.		
Are you applying for a Student Visa? Yes <input type="checkbox"/> No <input type="checkbox"/> (please tick) If No, please provide further information.		
Visa type	Visa subclass	Visa expiry date

## Passport details

Passport number	Passport expiry date (dd/mm/yyyy)
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Please provide a copy of your current passport

## English Language

All international students must demonstrate an acceptable level of English proficiency to gain admission to the AFY academic programs. Please provide evidence of your English language proficiency by submitting your English language test results taken in the last two years.

<b>Academic IELTS (Score)</b>	Overall	Listening	Reading	Writing	Speaking
Other (please supply)					

For all other tests accepted by the Admissions Department, please refer to [afy.ac.nz](http://afy.ac.nz)

## Previous education

Please attach verified copies of all academic transcripts or reports (translated into English).

Name of qualification	Year awarded
Name of school/college/university	
Country/State	Language of instruction
If you are currently completing a qualification, please indicate when you expect to complete this study (mm/yyyy)	

## Course selection

Recommended weeks of English Language Preparation (ELP)	ELP start date (dd/mm/yyyy)		
<b>Pre-Foundation</b> January <input type="checkbox"/> July <input type="checkbox"/>	<b>AFY Standard</b> January <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/>	<b>AFY Intensive</b> April <input type="checkbox"/> October <input type="checkbox"/>	Year

### List subjects that you wish to study

Subject 1 <b>English</b>	Subject 4
Subject 2	Subject 5
Subject 3	

\*For course descriptions, please visit [afy.ac.nz](http://afy.ac.nz)

## Undergraduate course selection

### Undergraduate offer

I would like to study the following undergraduate course (in order of preference) at:

	University of Auckland <input type="checkbox"/>	AUT University <input type="checkbox"/>	Massey University <input type="checkbox"/>
Preference 1	Major		
Preference 2	Major		
Preference 3	Major		

## Caregiver arrangements

If you are under 18 years of age, do you require the College to recommend a Caregiver? Yes  No  (please tick)

If No, please advise the name and address in New Zealand of your Caregiver.

Caregivers name
Caregivers address in New Zealand

## Accommodation

Do you require assistance with accommodation? Yes  No  (please tick) If Yes, please provide details below.

Length of stay	Accommodation start date (dd/mm/yyyy)		
What type of accommodation do you require? Empire Apartments <input type="checkbox"/>	Homestay (single) <input type="checkbox"/>	Homestay Central <input type="checkbox"/>	(please tick)

## Airport transfer

Do you require airport transfer? Yes  No  (please tick) If Yes, flight details including date, time and flight number should be sent to the Admissions Centre as soon as possible to arrange the airport collection.

## Disability

Do you have a disability, impairment or long-term medical condition which may affect your studies? Yes  No  (please tick)

If yes please indicate the area/s of impairment:

Acquired brain impairment <input type="checkbox"/>	Hearing/Deaf <input type="checkbox"/>	Intellectual <input type="checkbox"/>	Learning <input type="checkbox"/>	Physical <input type="checkbox"/>
Medical condition <input type="checkbox"/>	Mental illness <input type="checkbox"/>	Mobility <input type="checkbox"/>	Vision <input type="checkbox"/>	(please tick)

If you have a disability, would you like to receive advice on support services, equipment and facilities which may assist you? Yes  No  (please tick)

## Medical insurance (if applicable)

Do you currently hold medical insurance? Yes  No  (please tick) If Yes, please provide details below.

Name of insurance provider	
Insurance membership number	Insurance expiry date (dd/mm/yyyy)

For your convenience, medical insurance will be included automatically on your invoice unless you provide us with details of your alternative policy.

## Declaration and signature (This application must be signed; otherwise it will not be accepted)

By ticking this box I confirm the following:

I wish to be considered for admission to the course(s) I have shown on this application form. I agree that where I do not meet the entry requirements for the selected course or suite of courses that I will be offered an alternative Study Group course. I declare that to the best of my knowledge the information supplied within this application and the documentation supporting it is correct and complete. I acknowledge that the provision of false or misleading information may result in non-acceptance of the application or immediate exclusion from Taylors College. I authorise Taylors College, where necessary, to obtain from any other educational institution evidence of my academic records or seek other corroborating evidence with respect to my application.

I have read, understood and agree to be bound by the Terms and Conditions, Student Complaints Policy, Cancellation and Refund Policy as stated on the Taylors website ([afy.ac.nz/admissions/terms-and-conditions](http://afy.ac.nz/admissions/terms-and-conditions)). I agree to pay all fees owing and by the due date.

I have read and understand the outline of how the Privacy Act will be applied at Taylors, set out on the Taylors website ([afy.ac.nz](http://afy.ac.nz)) and I authorise the College to collect, use and disclose personal information about me in accordance with the Privacy Act 1993.

Name (Student or Parent/Legal Guardian*)	Date (dd/mm/yyyy)
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\*If applicant is under the age of 18.

Send your application to: Admissions Centre

E: [anziscadmissions@studygroup.com](mailto:anziscadmissions@studygroup.com) or to your local representative T: +61 2 8263 1888

Study Group NZ Limited trading as Taylors College.