



Cook Islands Tertiary Training Institute  
**ENROLMENT FORM**



PERSONAL DETAILS - CONFIDENTIAL

PLEASE NOTE: FOR ACCREDITED COURSES PLEASE PROVIDE A COPY OF YOUR PASSPORT OR BIRTH CERTIFICATE

NSN Number: (if any)

Full name: (as stated on passport)

Phone:

Mobile:

E-mail:

Village/Island:

Ethnicity:

Date of Birth:

Gender:

Emergency/Alternative Contact Person:

Relationship:

Phone:

Mobile:

Postal Details:

COURSE INFORMATION

Name of Course:

Campus:

Start date:

End date:

Have you enrolled at CITTI before? If yes, specify which course and last year of enrolment?

Course title:

Year:

Do you have experience in this field of study? If yes, please explain

EDUCATION

Last school attended:

Country:

Year:

List any other Educational Institutes attended:

Highest Qualification Achieved:

OCCUPATION

Current Status: (e.g. student, unemployed, self-employed etc)

Looking for work? Specify which industry/position would you be interested in?

Name of current Company/Organisation:

Your current job title:

Name of Employer:

Phone:

No. of years in this job:

DISABILITY

Do you suffer from any disabilities? If yes, please specify

Please provide information where assistance may be required in an emergency:

OTHER INFORMATION

Where did you hear about this course? (e.g. Newspaper, word of mouth etc)

AGREEMENT

1. That all fees pertaining to enrolment be paid upon enrolment. In extenuating circumstances an agreement may be negotiated to pay fees in instalments. Fees are identified in the CITTI prospectus and on acceptance letter.
2. Regular attendance at classes is required. It is suggested that an 80% attendance is required to give a reasonable chance of success at assessment time.
3. Refund policy for withdrawal is found in the Learner Handbook. A copy is given to all students upon enrolment. A graduated scale applies depending upon the timing of withdrawal. Your tutor is able to assist in this matter.
4. Please be advised that photographs may be taken during this course for use on the CITTI website including our official Facebook page for marketing materials and other institute publications.

By signing this form, you consent to CITTI photographing or videoing and using your image for this purpose only.

Tick this box if you wish to withdraw your consent for the above.

SIGNATURES

Signed:

Date:

CITTI Manager:

Date: