COOK ISLANDS TERTIARY TRAINING INSTITUTE ACCREDITED ENROLMENT FORM



Р	ERSONAL DETAILS – CONFIDEN	NTIAL (PLEASI	E USE BLOCK CAPITALS))
ALL STUDENTS REQUIRE A COPY OF THEIR PASSPORT OR DRIVERS LICENSE *Mandatory Fields				
*SURNAME: (as per passport)	,	*Date of Birth	h: / / *G	ender: (Please circle) M / F
*FIRST NAME/S: (as per passpor	t)		*NSN:	
Phone:	Mobile:		E-mail:	
Campus: (tick 1) Arorangi	Ngatangiia 🗌	PA EI	NUA 🔲 which island?	
Nationality:				
Emergency/Contact Person:				
Relationship:	Phone:		Mobile:	
COURSE INFORMATION				
Name of Course:			Start date:	End date:
In this field of study, do you have WORK EXPERIENCE LOUCATION N/A				
Have you enrolled at CITTI before? If yes, specify which course, last year of enrolment?				
Course title:			Year:	
Do you have experience in this field of study? If yes, please explain:				
	EDU	ICATION		
Last school attended:			Country:	Year:
Other Educational Institutes attended:				
Highest Qualification Achieved:	NCEA CERTIFICATE	DIPLOMA	DEGREE	MASTERS PHD
	EMPL	OYMENT		
Current Status: EMPLOYED UNEMPLOYED SELF-EMPLOYED STUDENT OTHER – Please explain:				
Looking for work? Specify which industry/position you would be interested in?				
Name of current Workplace:				
Your current Job Title:	N	o. of years in	this job:	
Name of Employer:			Phone:	Email:
CONDITIONS/LEARNING NEEDS				
Do you have any physical or medical conditions? Please specify:			Doctor:	
If yes, what assistance may be required in an emergency:		Mobile:		
Do you have any special learning needs? Please specify:				Internet Access: Y/N
FINANCE				
Is your employer paying for your fees? YES NO Financial contact name/number:				
AGREEMENT				
 Fees pertaining to the course (as per the Prospectus) are paid upon enrolment. Special agreement may be negotiated to pay fees in instalments. 80% attendance is required to give a reasonable chance of success at assessment time. Refund Policy for withdrawal is found in the Learner Handbook, given to all students upon enrolment. 				
4. <u>Disclaimer</u> : Please be advised that photographs/videos 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 using your image for this purpose only.				
*LEARNER SIGNATURE: *ADMINISTRATOR:				
*DATE: *DATE:				
Office use Accredited Course 🗆 Visa verified/Passport Copy attached 🗆 Interview completed 🗆 Enrolment confirmed 🗔				
PAYMENT RECEIPT #:				

Entered into SMS _____