

NZQA Registration Form



NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

QUALIFY FOR THE FUTURE WORLD
KIA NOHO TAKATŪ KI TŌ ĀMUA AO!

Complete all sections and return this form to your teaching institution or your assessor:

Name:

First names (First name, middle name)

Surname/family name

Address :

Street number, name and suburb

Town/City

State/Province

Country

Post/Zip code

This should be your permanent address, **NOT** a temporary address used while attending a teaching institution.

National Student Number (NSN):

Only complete if known

e.g. 1234567890

Local (Providers) Student ID (if applicable):

Date of birth:

dd/mm/yyyy

Tick box(es) next to the ethnic group(s) you feel you belong to (for statistical purposes only)
(Maximum of 3 boxes)

- | | | |
|---|---|---|
| <input type="checkbox"/> NZ European/Pakeha | <input type="checkbox"/> Cook Island Māori | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> British/Irish | <input type="checkbox"/> Tongan | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Niuean | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Greek | <input type="checkbox"/> Tokelauan | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Fijian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> South Slav | <input type="checkbox"/> Other Pacific Island group | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Italian | <input type="checkbox"/> Filipino | <input type="checkbox"/> African |
| <input type="checkbox"/> German | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Indian |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other European | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Other |
| <input type="checkbox"/> New Zealand Māori | <input type="checkbox"/> Chinese | <input type="checkbox"/> Not Stated |

Name of Teaching Institution/ITO:

I declare that the particulars given above are correct and authorise the New Zealand Qualifications Authority to collect information from, and/or exchange information with any Teaching Institution, Industry Training Organisation or Government Agency with which I am enrolled, or have requested enrolment or funding.

Signature:

Applicants signature

Date:

dd/mm/yyyy

Teaching institution or assessor are to return completed form to:
Post: **NZQA, PO Box 160, Wellington 6140, New Zealand,**
email: **DMLR@nzqa.govt.nz**

Office use only: