

Application Form

Professional Legal Studies Course Online

Please read the instructions below carefully before you complete this application.



Instructions

The purpose of this form is to obtain from you the information we need to enrol you at the College. We need to collect this information required by the Ministry of Education and other Government agencies for statistical and registration reasons. Please fill in the form properly by:

- ? Completing all sections of the form.
- ? Printing your answers clearly in pen, or by ticking the box that applies for multi-choice questions.
- ? Signing the form and attaching all required documentation.

A Programme

Name of Programme: PROFESSIONAL LEGAL STUDIES COURSE ONLINE PC 3640 EFTS Value 0.400

B Personal Details - Part 1

1 Preferred Title: Dr Mr Mrs Ms Miss

2 Full Legal Name: First/Given Name(s) _____
Surname/Family Name _____

3 Preferred First Name: _____

4 Previous Legal Names (if any) _____

5 Date of Birth: Day _____ Month _____ Year _____

6 Gender: Male Female

7 Home Telephone Number: () _____

8 Mobile Number: _____

9 Work Telephone Number: (if applicable): () _____

10 Preferred Email Address: _____

11 Correspondence Address: _____

P/code _____

12 Residential Address: _____
(if different): _____

P/code _____

13 Next of Kin: Name _____ Phone _____
Relationship to You _____

14 Employer: _____

C Intake Information

15 Course Preference: Please indicate your course preference (eg: Z092 February 2009) - located on page 6 and 7 of the handbook:

16 My Elective Choice: Described on page 3 of the handbook is: Corporate Private

17 Onsite Location: Please indicate the location at which you intend to undertake the onsite sessions:
Auckland Hamilton Wellington Christchurch Dunedin

D Personal Details - Part 2

18 NSN (National Student No.): If known, please write it here: _____-_____-_____

19 Citizenship and Residency: You may need to supply evidence of residency status or citizenship:

Tick the box that describes your citizenship: New Zealand Citizen NZL Australian Citizen AUS Other

If you answered "Other" please specify your citizenship and whether you are a New Zealand Permanent Resident

Citizenship _____

(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand)

New Zealand Permanent Resident Yes No

During your enrolment in this qualification will you be resident in New Zealand? Yes No

20 Ethnicity: What ethnic group(s) do you belong to? You may tick up to three boxes, which apply to you:

NZ European/Pakeha	<input type="checkbox"/> 111	British/Irish	<input type="checkbox"/> 121	Filipino	<input type="checkbox"/> 411	Other Asian	<input type="checkbox"/> 444
New Zealand Maori	<input type="checkbox"/> 211	Dutch	<input type="checkbox"/> 122	Cambodian	<input type="checkbox"/> 412	Middle Eastern	<input type="checkbox"/> 511
Samoaan	<input type="checkbox"/> 311	Greek	<input type="checkbox"/> 123	Vietnamese	<input type="checkbox"/> 413	Latin American	<input type="checkbox"/> 521
Cook Island Maori	<input type="checkbox"/> 321	Polish	<input type="checkbox"/> 124	Other Southeast Asian	<input type="checkbox"/> 414	African	<input type="checkbox"/> 531
Tongan	<input type="checkbox"/> 331	South Slav	<input type="checkbox"/> 125	Chinese	<input type="checkbox"/> 421	Other	<input type="checkbox"/> 611
Niue	<input type="checkbox"/> 341	Italian	<input type="checkbox"/> 126	Indian	<input type="checkbox"/> 431	Not Stated	<input type="checkbox"/> 999
Tokelauen	<input type="checkbox"/> 351	German	<input type="checkbox"/> 127	Sri Lankan	<input type="checkbox"/> 441		
Fijian	<input type="checkbox"/> 361	Australian	<input type="checkbox"/> 128	Japanese	<input type="checkbox"/> 442		
Other Pacific Peoples	<input type="checkbox"/> 371	Other European	<input type="checkbox"/> 129	Korean	<input type="checkbox"/> 443		

Please specify if "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other" _____

21 Iwi: If you identified as New Zealand Maori in question 20, what is the name of your Iwi? You may enter more than one Iwi.

If you do not know your Iwi, please enter 'Don't Know'.

Iwi: _____ Rohe (Iwi home area): _____

Iwi: _____ Rohe (Iwi home area): _____

Iwi: _____ Rohe (Iwi home area): _____

22 Disability: Do you live with the effects of significant injury, a long-term medical condition or disability which may affect your studies or which we should know of to assist you in the course? If "yes", please describe your impairment, disability or long-term medical condition. The information you provide is confidential. Yes No _____

E Academic and Vocational Information

23 Prior Activity: What was your MAIN activity or occupation in New Zealand at 1 October last year? You may tick only one box.

Non-employed or beneficiary (excluding retired)	<input type="checkbox"/> 02	University student	<input type="checkbox"/> 05
Wage or salary worker	<input type="checkbox"/> 03	Overseas (irrespective of occupation)	<input type="checkbox"/> 09
Self-employed	<input type="checkbox"/> 04		

24 Secondary Study: What was the name of the last secondary school you attended? State "overseas" if applicable.

What was your last year at secondary school? Year

What is the **highest** level of **achievement** you hold from a **secondary school**? Your highest achievement may be a "traditional" award such as School Certificate, or you may have achieved a number of credits or a National Certificate at a certain level on the National Qualifications Framework. Your NZQA Record of Learning shows you how many credits you have. **Tick only one box.**

No formal secondary qualifications	<input type="checkbox"/> 00	NCEA Level 3 or Bursary or Scholarship	<input type="checkbox"/> 15
14 or more credits at any level	<input type="checkbox"/> 11	Overseas qualification (includes International Baccalaureate & Cambridge Exams)	<input type="checkbox"/> 09
NCEA Level 1 or School Certificate	<input type="checkbox"/> 12	Other	<input type="checkbox"/> 98
NCEA Level 2 or 6th Form Certificate	<input type="checkbox"/> 13	Not Known	<input type="checkbox"/> 99
University Entrance	<input type="checkbox"/> 14		

25 Tertiary Study: Please enter the name of the first tertiary institution you studied at since leaving school including University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wananga either in New Zealand or overseas.

Name _____ Year of your first Tertiary enrolment. Year

26 IRD Number: IRD number collection for student loan interest write-off. Do you currently have or will you have a Student Loan this year?

No Please go to the next section

Yes Please enter your IRD number here (see below for more information on interest write-off)

_____ - _____ - _____

Please fill in your IRD number if you have a student loan, or will be applying for a student loan this year, so that Inland Revenue can determine your eligibility for and give you a full student loan interest write-off. Provision of your IRD number is voluntary. Please see Section I: Conditions of Application.

F Eligibility to Enrol

APPLICANTS WITH A NEW ZEALAND LAW DEGREE COMPLETE THIS SECTION.

When you commence the course you must have completed the requirements for your law degree.

27 Year of Completion: I completed my LLB in _____ If not, when do you expect to complete it? ____/____

28 University conferring your degree: Auckland Waikato Victoria Canterbury Otago

Note: Otago graduates must supply a transcript or certified copy of their degree prior to course start date

29 My University ID Number: _____

APPLICANTS WITH A LAW DEGREE FROM ANOTHER JURISDICTION COMPLETE THIS SECTION.

When you commence the course you must have completed the requirements of the Council of Legal Education.

30 Have you completed all the academic requirements imposed by the Council of Legal Education?

Yes Please attach a copy of the letter from the Council confirming that you are eligible to study.

No When do you expect to complete the Council's academic requirements? Month _____ Year _____

G Why Did You Choose The College of Law?

31 Why did you choose The College of Law PLSCO? (Please tick all appropriate boxes)

- | | |
|---|--|
| <input type="checkbox"/> Convenient starting dates | <input type="checkbox"/> Being able to do the course mostly part-time |
| <input type="checkbox"/> Online aspects of the course | <input type="checkbox"/> Limited number and duration of onsite segments |
| <input type="checkbox"/> Flexibility and choice | <input type="checkbox"/> Reputation of the College and its course |
| <input type="checkbox"/> Employer | <input type="checkbox"/> International connections - College of Law Alliance |
| <input type="checkbox"/> Other (please specify) _____ | |

H Additional Information in Support of Application

32 Accompanying documentation:

- One passport sized photo with your name printed on the back. This may be emailed to enquiries@collaw.ac.nz
- If your degree has been conferred a certified copy (if your degree has not been conferred we will seek confirmation from your University that you have completed the requirements for it).
- If you are a permanent resident of New Zealand, a copy of the appropriate page(s) from your passport, confirming residency status
- If any documents have a different name from the name(s) on this application, evidence of that change (eg marriage certificate, deed poll etc)

Note: Otago graduates must supply a transcript or certified copy of their degree prior to course start date

I Conditions of Application

By signing and submitting this application you:

- Undertake to comply with the College's Rules and all other requirements as set out in the Course Manual, which will be provided to you no later than the first day of your course.
- Undertake to familiarise yourself with Professional Legal Studies Course and Assessment Standards Regulations 2002.
- Authorise the College to request your original academic transcript or other evidence that you have completed requirements for your LLB, from your law school if required.
- Agree to advise the College if you change your home or work address or telephone numbers, or your email address.
- Acknowledge the policy with regard to refunds and transfer fees as set out in the Information Guide.
- Acknowledge that you may be approached for confidential feedback on behalf of the College so that it might develop and improve the course.
- Acknowledge the College's reporting responsibilities to the Tertiary Education Commission, the Ministry of Education, the New Zealand Council of Legal Education, the High Court of New Zealand and District Law Societies for Admission purposes.
- Authorise the College to publish your name as a course graduate and if applicable any prizes associated with the course.
- Allow the College to send you information about the Alumni and continuing professional education.
- Authorise the College, under the Privacy Act 1993, to collect, hold, utilise and disclose personal information about you for the purposes of:
 - complying with its regulatory requirements,
 - providing, to any suitably authorised body, a certificate of character for the purposes of admission as a barrister and solicitor under the Lawyers and Conveyancers Act 2006.
- Acknowledge that your name, date of birth and residency as entered on this application will be included in the National Student Index and will be used in an Authorised Information Matching Programme with the New Zealand Birth Register. For further information please see <http://www.nsi.education.govt.nz>
- Acknowledge that where you have supplied your IRD number for the purposes of a student loan interest write-off, that information is being collected to provide to the Ministry of Education who will forward the information, along with your full-time or part-time study status to Inland Revenue. Inland Revenue will use the information to assess your eligibility to a student loan interest write-off. The information will be used solely for this purpose.

J Payment

I wish to pay by:

a Internet Banking, the College will advise the account number with your acceptance email

b Student Loan

c Cheque payable to College of Law New Zealand Limited

d Credit Card American Express Visa Mastercard

Cardholder's name _____ Amount to be charged \$ _____

Signature of cardholder _____ Expiry Date _____

e Invoice to: Employer or other person

Address details for Invoice _____

Note: Fees must be paid in full or arrangements made for payment prior to commencement. Student loan applications must be approved prior to commencement.

Declaration

I declare that to the best of my knowledge all the information supplied on, and with, this application is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

_____/_____/_____
Signature of Applicant Date

Send this application to:

Enrolments Office, The College of Law, PO Box 5047 Wellesley St, Auckland 1141
Fax: +64 9 300 3153 or email to enquiries@collaw.ac.nz