

## RETURNING STUDENT REGISTRATION FORM

This form is for students who have previously been a student at the Manukau Institute of Technology (MIT) business division of Te Pukenga\*. Any changes to legal name and Citizenship/Residency must be accompanied with a verified copy of an appropriate document.

### STUDENT DETAILS

1	Student ID number	
2	Full legal name	
3	Address	
4	Post code	

### ALTERNATIVE NAMES (if applicable)

5	Last name/surname	
6	First Names	
7	Citizenship	
8	NZ residency status	

### CONTACT DETAILS (Please tick preferred contact method)

9	<b>USUAL</b>		<input type="checkbox"/> Preferred
	Address		
	Postcode		
	Telephone		
	Email		
	Phone number		
10	<b>WORK</b>		<input type="checkbox"/> Preferred
	Address		
	Postcode		
	Phone number		
11	<b>DURING STUDY PERIOD</b>		<input type="checkbox"/> Preferred
	Address		
	Postcode		
	Phone number		

### EMERGENCY CONTACT

12	Name	
13	Phone Number	
14	Relationship to you	

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Comments:

## ACCESSIBILITY SUPPORT DETAILS

At MIT, we believe in providing inclusive and accessible support to our students.

Your response to our questions below allows us to let you know what assistance is available. For more information, please visit our Disability Support Services webpage: [www.manukau.ac.nz/disability-services](http://www.manukau.ac.nz/disability-services).

15	<p><b>A. Do you describe yourself as disabled, deaf, neurodiverse, Tāngata whaikaha Māori, or living with a long-term physical or mental health condition?</b> The information you provide is collected for statistical purposes and to help us understand our learners.</p> <p> <input type="checkbox"/> Yes (go to questions B and D)         <input type="checkbox"/> No (go to question 16)         <input type="checkbox"/> Prefer not to disclose (go to question 16)       </p> <hr/> <p><b>B. If you answered YES to the question above, please indicate which of the following apply to you:</b></p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Low vision</div> <div style="width: 33%;"><input type="checkbox"/> Blind</div> <div style="width: 33%;"><input type="checkbox"/> Neurodivergent (eg. Autism, ADHD)</div> <div style="width: 33%;"><input type="checkbox"/> Deaf (go to question C)</div> <div style="width: 33%;"><input type="checkbox"/> Hard of hearing</div> <div style="width: 33%;"><input type="checkbox"/> Mental health conditions (anxiety, depression, etc)</div> <div style="width: 33%;"><input type="checkbox"/> Temporary impairment</div> <div style="width: 33%;"><input type="checkbox"/> Medical (specify below)</div> <div style="width: 33%;"><input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia)</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify below)</div> </div> <p>If you selected 'Medical', please specify here: _____</p> <p>If you selected 'Other', please specify here: _____</p> <hr/> <p><b>C. If you ticked "Deaf" above, please advise: Are you deaf with New Zealand Sign Language as your first language?</b></p> <p> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </p> <hr/> <p><b>D. If you answered YES to question 15 A, please select all the disability supports you need below.</b> The information you provide is collected for statistical purposes and helps make education more accessible to all learners.</p> <div style="margin-bottom: 10px;"><input type="checkbox"/> Access to assistive technology (eg, for reading, writing, communication)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Accessible format resources for course content</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Mobility and transport (eg, navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan)</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> New Zealand Sign Language Interpreter</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Support with reading, writing, and communicating in learning sessions, exams, and assessments</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> Other learning or disability support. Please specify: _____</div> <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>
16	<p><b>Would you like our Disability Support Team to contact you?</b></p> <p> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </p>
17	<p><b>In an emergency, would you require help to evacuate the building?</b></p> <p> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </p>

The information you provided above will remain confidential.

Disability Support will use them to discuss with you the most appropriate support to meet your specific needs.

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Action Completed by (Name)	
Signature	
On (Date)	

# Re-enrolment Form

This form is to be completed only by applicants who are citizens or permanent residents of New Zealand, the Cook Islands, Tokelau, Niue or Australia and are returning to study at MIT. International students must contact MIT International for further information and assistance.

1

Student name

MIT Student ID

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## PROGRAMME TO BE STUDIED

Programme Code

Name of Programme (Degree/Diploma/Certificate/Certificate of Achievement or other)



Do you expect to complete your qualification this year?

☐

Yes

☐

No

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## COURSE/CLASS ENROLMENT - Please enter details from the relevant BROCHURE where possible.

										OFFICE USE		
COURSE CODE	OCCURRENCE				COURSE TITLE					ENROLLED	WAITING	FULL
			-			-						
			-			-						
			-			-						
			-			-						
			-			-						
			-			-						
			-			-						
			-			-						

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## PAYMENT OF FEES

**Direct Credit or Internet Banking** - Bank details are WESTPAC Bank 03-1509-0187933-00. Please use your student ID number, name and if applicable company ID number as payment reference. Fees should be paid in full or arrangements made for payment by the start of the course.

**Students who do not qualify for a student loan may be considered, to pay by instalments. All cases are subject to the approval of the Academic Registrar, by application, and if accepted will incur a \$75 administration fee.**

**Payment may be made by Direct Credit, Internet Banking through the learner portal.**

Company name and address (Company order form required if fees not being paid by a company cheque)

Company Order no.  
(copy required)

Contact  
person

Send to: FREEPOST 73362, C/- Ask Me! Student Service Centre, Manukau Institute of Technology, Private Bag 94006, Manukau 2241, Auckland

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## PRIVACY POLICY

Before you submit your application, please read MIT's privacy notice, which is available on the Te Pūkenga website.  
[www.tepukenga.ac.nz/privacy-notice](http://www.tepukenga.ac.nz/privacy-notice)

Personal information collected on this form and at other times during and relating to your enrolment at MIT is subject to MIT's privacy notice.

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## DECLARATION

By submitting this, you agree to the following:

- I declare that the information provided by me on this form is true and correct.
- I understand that failure to disclose required information or the supply of incorrect information may result in my enrolment not being processed, or in my enrolment being cancelled.
- I agree to abide by all Te Pūkenga and MIT statutes, regulations and policies as may be amended from time to time. Copies are available on the MIT website [manukau.ac.nz](http://manukau.ac.nz). In particular, you should note Te Kawa Maiooro, the MIT Ākonga Policy and the regulations applying to your programme of study.
- I have read and accept the Privacy and Policy statements printed on this form, and on the Te Pūkenga website.
- I am a citizen/permanent resident of New Zealand or Australia or the Cook Islands or Niue, or Tokelau.
- I acknowledge that all MIT courses and programmes will proceed subject to enrolment numbers and MIT has the right to cancel or postpone an offering of a course or programme prior to its commencement if there are insufficient enrolments.

- I undertake to pay all fees and charges relating to my enrolment and to meet all collection charges associated with debt recovery. Fees must be paid in full, or a signed agreement made for their payment in instalments, by the start of the course. MIT may take such steps as necessary to collect outstanding fees. Refunds and withdrawals will be processed in accordance with Te Kawa Maiooro and the MIT Ākonga Policy.

- I acknowledge that MIT may refuse to permit or may cancel my enrolment, on any of the grounds set out in Te Kawa Maiooro. This includes, but is not limited to, where I am found not to be of good character (including, but not limited to: having a bad debt history; a criminal conviction; or a history of breaching MIT regulations or policies); have been guilty of misconduct or a breach of discipline; am enrolled for full-time instruction in another institution or secondary school; or have made insufficient progress in my studies. I further acknowledge that MIT may withdraw my enrolment from a course where I have not attended in the first three weeks.

- I understand that MIT may need to validate the information provided on this form and attachments.

- I authorise MIT to collect information for this purpose from any agency holding the source of this information.

Applicant  
Signature

DAY / MONTH / YEAR

### COMPULSORY

Please ensure you read, sign and date the declaration.