



## RETURNING STUDENT REGISTRATION FORM

This form is for students who have previously been a student at Manukau Institute of Technology and Unitec (MIT). 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                      |                                    |
| 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 |  |

FOR OFFICIAL USE ONLY

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>A. Do you describe yourself as disabled, deaf, neurodiverse, Tāngata whaikaha Māori, or living with a long-term physical or mental health condition? 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. If you answered YES to the question above, please indicate which of the following apply to you:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Low vision</td> <td><input type="checkbox"/> Blind</td> <td><input type="checkbox"/> Neurodivergent (eg. Autism, ADHD)</td> </tr> <tr> <td><input type="checkbox"/> Deaf (go to question C)</td> <td><input type="checkbox"/> Hard of hearing</td> <td><input type="checkbox"/> Mental health conditions (anxiety, depression, etc)</td> </tr> <tr> <td><input type="checkbox"/> Temporary impairment</td> <td><input type="checkbox"/> Medical (specify below)</td> <td><input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia)</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify below)</td> </tr> </table> <p>If you selected 'Medical', please specify here: _____</p> <p>If you selected 'Other', please specify here: _____</p> <hr/> <p>C. If you ticked "Deaf" above, please advise: Are you deaf with New Zealand Sign Language as your first language?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>D. If you answered YES to question 15 A, please select all the disability supports you need below. The information you provide is collected for statistical purposes and helps make education more accessible to all learners.</p> <p><input type="checkbox"/> Access to assistive technology (eg, for reading, writing, communication)</p> <p><input type="checkbox"/> Accessible format resources for course content</p> <p><input type="checkbox"/> Mobility and transport (eg, navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan)</p> <p><input type="checkbox"/> New Zealand Sign Language Interpreter</p> <p><input type="checkbox"/> Support with reading, writing, and communicating in learning sessions, exams, and assessments</p> <p><input type="checkbox"/> Other learning or disability support. Please specify: _____</p> <p>_____</p> | <input type="checkbox"/> Low vision  | <input type="checkbox"/> Blind | <input type="checkbox"/> Neurodivergent (eg. Autism, ADHD) | <input type="checkbox"/> Deaf (go to question C) | <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Mental health conditions (anxiety, depression, etc) | <input type="checkbox"/> Temporary impairment | <input type="checkbox"/> Medical (specify below) | <input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia) |  |  | <input type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Low vision              | <input type="checkbox"/> Blind   | <input type="checkbox"/> Neurodivergent (eg. Autism, ADHD)                   |                                |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Deaf (go to question C) | <input type="checkbox"/> Hard of hearing   | <input type="checkbox"/> Mental health conditions (anxiety, depression, etc) |                                |  |  |  |  |   |  |  |  |  |  |
| <input type="checkbox"/> Temporary impairment    | <input type="checkbox"/> Medical (specify below)   | <input type="checkbox"/> Specific learning (eg. dyslexia, dyscalculia)       |                                |  |  |  |  |   |  |  |  |  |  |
|  |  | <input type="checkbox"/> Other (specify below)                               |                                |  |  |  |  |   |  |  |  |  |  |
| 16   | <p>Would you like our Disability Support Team to contact you?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>  |  |                                |  |  |  |  |   |  |  |  |  |  |
| 17   | <p>In an emergency, would you require help to evacuate the building?</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.

|                            |                       |
|----------------------------|-----------------------|
|                            | FOR OFFICIAL USE ONLY |
| Action Completed by (Name) |                       |
| Signature                  |                       |
| On (Date)                  |                       |

