



# PROGRAMME APPLICATION FORM

If additional information is required, a supplementary form may be sent to you for completion. If you have any queries, please contact the Information Centre on 0800 62 62 52.

If you are a **New Zealand Citizen** (including the Cook Islands, Tokelau or Niue), a **New Zealand Permanent Resident**, or an **Australian Citizen** or **Permanent Resident**, go to **1**.

**International applicants**, please contact MIT International to obtain the correct Programme Application form.  
Phone +64 9 968 8742 | email international.application@manukau.ac.nz | web manukau.ac.nz

Please print clearly in pen using **BLOCK LETTERS**. Please complete all sections of this form.

1

## HAVE YOU PREVIOUSLY STUDIED AT MIT?

No  Yes (please write your ID number if known)

2

## PROGRAMME YOU WISH TO APPLY FOR

Name of Programme

Programme Code (if known)  Is this programme your first choice?  Yes  No

Expected start date   Full-time  Part-time

Please state the location (campus) you wish to study at:

**Do you meet the entry criteria for this programme** (including physical and health requirements) **as stated in the programme brochure?**

Yes (please attach relevant supporting evidence of meeting the entry criteria).

No/Not sure (please contact the Information Centre for advice: 0800 62 62 52 or info@manukau.ac.nz).

If you have applied for other programmes, please list them here in order of preference:

(i)  (ii)

3

## PERSONAL DETAILS

Female  Male Date of Birth  /  /   
DAY MONTH YEAR

Miss  Mrs  Ms  Mr  Dr Other (Please state)

Legal family name

Legal first name

Legal second names

Known as or preferred name(s) if different from above

Preferred first name

### Permanent/Home Address

Unit/Flat/Apartment number

Street address - number and name

Suburb  Town/City  Postcode

Home Phone number (  )  Cellphone number

Work Phone number

Citizenship  Email address

Is English your first language?  Yes  No (please provide evidence of your results of IELTS or English competence entry requirements for this programme).

If an interview is required, would you like whanau/family present?  Yes  No

Do you have an illness, health problem or disability that could affect your study?  Yes  No

Do you require any ongoing medical treatment and/or medication that may affect your study?  Yes  No

SIGNED

DATE

OTHER PROGRAMME RECOMMENDED

ACCEPT

DECLINE

ACKNOWLEDGEMENT SENT

INTERVIEW DATE

FOR OFFICE  
USE ONLY

4

**ENTRY CRITERIA****Educational History** (Please list your most recent qualifications).


5

**DOCUMENTS REQUIRED**

In order to process your application, MIT needs to see documents to support your application. If you are planning to send your application by post, please send ONE certified copy of these documents (not originals). Documents will not be returned.

- A verified copy of your education results/grades (successful or not)
- A verified copy of your birth certificate or passport
- Proof of New Zealand Permanent Residency, if you were not born in New Zealand
- A verified copy of your marriage certificate or statutory declaration form if your current name differs from your birth certificate or passport name
- Any letters of recommendation you wish to include

To get certified copies of your documents: take a photocopy of your documents, along with the originals to one of the following:

- Barrister or solicitor of the High Court
- Justice of the Peace
- The Information Centre, Manukau Institute of Technology
- Notary Public
- Court Registrar or Deputy Registrar
- Member of Parliament
- Land Transport New Zealand, Public Trust, or local authority employee designated for this purpose.

**Employment History** (Please attach your CV if you have recent relevant employment history).

Employer		Start date	<input type="checkbox"/>	Part-time
Type of work		Finish date	<input type="checkbox"/>	Full-time
Employer		Start date	<input type="checkbox"/>	Part-time
Type of work		Finish date	<input type="checkbox"/>	Full-time
Employer		Start date	<input type="checkbox"/>	Part-time
Type of work		Finish date	<input type="checkbox"/>	Full-time

6

**DECLARATION**

I hereby declare that the information and attached documentation provided by me in this application is true and correct. I acknowledge that Manukau Institute of Technology can cancel my application if false or incomplete information has been provided. I understand that the purpose of gathering this information is to allow Manukau Institute of Technology to carry out the functions required of it under the Education Act 1989, and its obligations under other enactments and in accordance with the Privacy Act 1993. I authorise Manukau Institute of Technology to disclose this information to the agencies outlined in the information on the Privacy Act available in the MIT Library and Student Services Centres.

Signature
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Date	DAY / MONTH / YEAR
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**COMPULSORY**  
Please ensure you read, sign and date the declaration.

**PLEASE SEND YOUR APPLICATION TO:**

**FREEPOST 73362**  
The Information Centre  
Manukau Institute of Technology  
Private Bag 94006  
Manukau 2241, Auckland, New Zealand

*Note: If you do not receive an acknowledgement of your application, or if you have any queries, please phone 0800 62 62 52*

# SUPPLEMENTARY PROGRAMME APPLICATION FORM

This is a supplementary application form. If you are a **New Zealand Citizen** (including the Cook Islands, Tokelau or Niue), a **New Zealand Permanent Resident**, or an **Australian Citizen** or **Permanent Resident**, go to ①.

Sections A and the Declaration (page 4) are to be completed by ALL applicants. Also complete EITHER section B, C, D, E or F.

Please print clearly in pen using **BLOCK LETTERS**.

## SECTION A - TO BE COMPLETED BY ALL APPLICANTS

1

What is your student ID number *(if known)*?

Are you still at school?  Yes  No

### PROGRAMME

Name of Programme

Programme Code *(if known)*

### PERSONAL DETAILS

Legal family name

Date of Birth

DAY / MONTH / YEAR

Legal first name

Legal second names

Known as or preferred name(s) if different from above

**PLEASE COMPLETE ONE OF THE FOLLOWING SECTIONS (EITHER B, C, D, E OR F) AND THE DECLARATION**

## SECTION B - IF APPLYING FOR THE CERTIFICATE IN LEARNING SUPPORT (INCLUSIVE EDUCATION)

I consent to provide a police check  Yes  No

Please list your current involvement with people with disabilities (either paid/parent/volunteer/other):


### REFEREES

If you are currently employed or working voluntary in an educational setting, please have your employer complete a School of Education Referee Form.

If seeking voluntary placement applicants must supply two character references of potential to work safely with children in an educational setting, which have been certified as true copies or have two referees each complete a School of Education Referee Form.

Please give the name, address and phone number of the employer/people who have agreed to provide completed confidential referee forms for your application.

Referee name (1)

Referee name (2)

Address

Address

Phone number

Phone number

### ENDORSEMENT OF APPLICATION

Should this applicant be successful in obtaining a place on this programme, I would be happy to release them from their employment for the time involved:

No  Yes If yes, will the release time be either:  Paid  Unpaid

Signature

Designation

Date

DAY / MONTH / YEAR

**SECTION C - IF APPLYING FOR THE CERTIFICATE IN PREPARATION FOR EARLY CHILDHOOD TEACHER EDUCATION**

Have you ever been convicted of an offence against the law?  Yes  No

If 'Yes' you must provide further information in a separate sealed envelope addressed to the Programme Leader, Early Childhood Education at the address below.

I consent to provide a police check  Yes  No

I agree to inform the Programme Leader within 5 working days if I receive any charges or convictions during the course of study  Yes  No

Do you have an existing medical, physical or mental health condition that may affect you working with children?  Yes  No

The English language requirements for applicants who have English as an additional language may be required to provide evidence of an overall International English Language Testing System (IELTS) (Academic) band score of 6.5 (with no component less than 6.0) or equivalent.

**REFEREES**

Please give the name, address and phone number of the two people who have agreed to provide completed confidential referee forms for your application.

Referee name (1)	Referee name (2)
Address	Address
Phone number	Phone number

**SECTION D - IF APPLYING FOR THE CERTIFICATE IN EARLY CHILDHOOD EDUCATION**

Have you ever been convicted of an offence against the law?  Yes  No

If 'Yes' you must provide further information in a separate sealed envelope addressed to the Programme Leader, Early Childhood Education at the address below.

I consent to provide a police check  Yes  No

I agree to inform the Programme Leader within 5 working days if I receive any charges or convictions during the course of study  Yes  No

Do you have an existing medical, physical or mental health condition that may affect you working with children?  Yes  No

The English language requirements for applicants who have English as an additional language may be required to provide evidence of an overall International English Language Testing System (IELTS) (Academic) band score of 6.5 (with no component less than 6.0) or equivalent.

**REFEREES**

Please give the name, address and phone number of the two people who have agreed to provide completed confidential referee forms for your application.

Referee name (1)	Referee name (2)
Address	Address
Phone number	Phone number

**SECTION E - IF APPLYING FOR THE BACHELOR OF EDUCATION (EARLY CHILDHOOD TEACHING)**

In order to comply with the regulations of the Teachers Council, all candidates are required to answer the following questions. Your reply is confidential:

Have you ever been convicted of an offence against the law?  Yes  No

If 'Yes' you must provide further information in a separate sealed envelope addressed to the Programme Leader, Early Childhood Education at the address below.

I consent to provide a police check  Yes  No

I agree to inform the Programme Leader within 5 working days if I receive any charges or convictions during the course of study  Yes  No

Do you have an existing medical, physical or mental health condition that may affect you working with children?  Yes  No

I am working (either voluntary or paid) in a licensed early childhood centre

I am currently not working and request advice on finding a voluntary placement

The English language requirements for applicants who have English as an additional language will be assessed as follows:  
Assessment tool – International English Language Testing System (IELTS) must be the assessment tool used to determine English language competency for entry. The requirement must be 7.0, or higher, in each component of the academic version of IELTS.  
Exempted case – Please refer to the New Zealand Teachers Council website [www.teacherscouncil.govt.nz](http://www.teacherscouncil.govt.nz) – Teacher Education Section.

All applicants must attached to their application form, proof of identity in the form of a verified passport sized photograph that meet all the requirements outlined; verified original photograph must be submitted (no scanned or photocopies accepted), photograph must be taken in the last 6 months, full front view of face, head must fill most of the photograph, must be a plain light coloured background, no hat or head covering (except for religious reasons) and no sunglasses or dark tinted lenses.

On successful completion of the programme, the New Zealand Teachers Council will ask you for further declaration prior to your registration as a teacher.

**REFEREES**

Please give the name, address and phone number of the two people who have agreed to provide completed confidential referee forms for your application.

Referee name (1)
Address
Phone number

Referee name (2)
Address
Phone number



**SECTION F - IF APPLYING FOR THE NATIONAL CERTIFICATE IN ADULT LITERACY AND NUMERACY EDUCATION (LEVEL 5)**

Please tick ONE only. You are applying for  Educator  Vocational

Our courses are supported by online learning.

Please indicate if you have computing skills and computer and internet access.  Yes  No

*Teaching/Training Experience:* Please provide written verification from your current employer.

3

**DECLARATION**

I hereby declare that the information and attached documentation provided by me in this application is true and correct. I acknowledge that Manukau Institute of Technology can cancel my application if false or incomplete information has been provided. I understand that the purpose of gathering this information is to allow Manukau Institute of Technology to carry out the functions required of it under the Education Act 1989, and its obligations under other enactments and in accordance with the Privacy Act 1993. I authorise Manukau Institute of Technology to disclose this information to the agencies outlined in the information on the Privacy Act available in the MIT Library and Student Services Centres.

Signature

Date

DAY / MONTH / YEAR

**COMPULSORY**  
Please ensure you read, sign and date the declaration.

**PLEASE SEND YOUR APPLICATION TO:**

**FREEPOST 73362**  
**The Information Centre**  
**Manukau Institute of Technology**  
**Private Bag 94006**  
**Manukau 2241, Auckland, New Zealand**

*Note: If you do not receive an acknowledgement of your application, or if you have any queries, please phone 0800 62 62 52*



4 Do you consider this applicant has the warmth to work with children? (Tick one)  Yes  No

Do you consider this applicant has the stamina to work with children? (Tick one)  Yes  No

5 Are there any special circumstances the selection committee needs to be aware of before selecting this person for a career in teaching children?


6 **Your recommendation**  
Choose one of the following that you believe best describes the potential of the applicant:

<input type="checkbox"/>	I believe this candidate has the potential to be a satisfactory teacher (or education support staff, if applicable) of children
<input type="checkbox"/>	I have concerns about this candidate as a teacher (or education support staff, if applicable) of children
<input type="checkbox"/>	I have concerns about this candidate as a teacher (or education support staff, if applicable) of children but prefer to be contacted by telephone

7 Further comments


Signature

Date      /      /        
 DAY      MONTH      YEAR

**Please send this completed form to:**  
FREEPOST 155404  
Early Childhood School Of Education  
Manukau Institute of Technology  
Private Bag 94006  
Manukau 2241  
Auckland  
New Zealand



0800 62 62 52 | manukau.ac.nz



**CONFIDENTIAL - REFEREE FORM**  
**REFEREE FORM TWO**

Thank you for taking the time to complete this report. Your comments on the suitability of the applicant for a career in early childhood education or educational support work will be carefully considered. This form is confidential to the recruitment staff for the School of Education and will not be seen by the applicant. Your frank replies will be appreciated.

Applicant's name
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Programme name
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Referee's name
----------------

Phone (Home)	Phone (Work)	Phone (Mobile)
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Referee's address

**1** I am confident I know the applicant well enough to complete this form (*Tick one*)  Yes  No  
If No, please do not complete this form and advise the applicant.

1.1 Please indicate the length of time you have known the applicant.  
1.2 State the capacity in which you have known the applicant (eg family friend, personal, colleague, community leader, employer, teacher, etc). Note that family members cannot fill in this referee form.

**2** State what you know about the applicant's interests, skills, abilities and activities

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**3** In your experience does the applicant demonstrate the following qualities? (*Tick one box for each quality*)

QUALITIES	Minimally Evident 1	2	Evident 3	4	Strongly Evident 5
Trustworthiness					
Honesty					
Reliability					
Sensitivity and compassion					
Respect for others					
Imagination					
Enthusiasm and dedication					
Physical and mental health					
Punctuality					
Interest in learning					
Cultural sensitivity					
Communication					
Works well with others					
Acceptance of personal responsibility					

3.1 On a scale of 1 to 5, how would you rate the following attributes of the applicant? (*Tick one box for each quality*)

QUALITIES	Needs Development 1	2	3	4	Excellent 5
Listening skills					
Clarity of speech					
Ability to express ideas					
Ability to build and maintain relationships					

4 Do you consider this applicant has the warmth to work with children? (Tick one)  Yes  No

Do you consider this applicant has the stamina to work with children? (Tick one)  Yes  No

5 Are there any special circumstances the selection committee needs to be aware of before selecting this person for a career in teaching children?


6 **Your recommendation**  
Choose one of the following that you believe best describes the potential of the applicant:

<input type="checkbox"/>	I believe this candidate has the potential to be a satisfactory teacher (or education support staff, if applicable) of children
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7 Further comments


Signature

Date  /  /   
DAY MONTH YEAR

**Please send this completed form to:**  
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Early Childhood School Of Education  
Manukau Institute of Technology  
Private Bag 94006  
Manukau 2241  
Auckland  
New Zealand



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# LETTER OF SUPPORT FORM



## Letter of Support

Letter of Support for  
MIT Bachelor of Education (Early Childhood Teaching) applicant  
from Early Childhood Centre

**1**

Name of Centre Manager/Supervisor/Head Teacher	
Name of centre	
Address of centre	
Postcode	Phone
Postal address if different from above	
Postcode	
Type of Early Childhood setting (eg public kindergarten, childcare centre, kohanga reo)	
Times of sessions/hours centre is open	
Details of centre licence	

- 2** Providing support for a centre-based student teacher from MIT involves:
- Communicating with the visiting lecturer about the student teachers' progress in field based experience
  - Releasing the student teacher for classes at MIT (usually two days a week)
  - Signing a contract with MIT, Early Childhood Education Section
  - Providing the student teacher with information about the centre (e.g. centre philosophy, policies etc)
  - Completing an hours sheet of the times the student teacher attends the centre
  - Allowing the field based experience visiting lecturer to visit the student teacher in the centre to observe and confer with the student teacher
  - Informing the visiting lecturer of any concerns about the student teacher
  - Releasing the student teacher for each of the three teaching practicums (year one - 3 weeks, year two - 4 weeks and year three - 5 weeks)
  - Providing the student teacher with three full-time home centre teaching experiences (year one - 2 weeks, year two - 3 weeks and year three - 3 weeks).

**3** This will be a (Tick one)  voluntary  paid position of  hours  
(at least 12 hours per week, for each week of the semester except where the student teacher is on full-time practicum placement).

**4** Does the centre have a teacher with full NZ registration who can act as an  Yes  No  
associate teacher for the student while on home centre practicum?

**5** The centre management and I agree to support  as a student teacher for  
centre-based practicum.

Signature

Date  /  /   
DAY MONTH YEAR

When a student is accepted onto the programme, the centre is sent an information pack called 'Guidelines for Early Childhood Centres with Bachelor of Education (ECT) students from Manukau Institute of Technology.'

If you would like a copy of this pack sent to you now, please tick the box:

