

# International Student Application Form

Please read this form carefully and complete all relevant sections. This application form provides us with the information we need to enrol you onto courses delivered by Aspire2 International (A2I) schools, which include Aspire2 International Business and Technology (A2I BTech), Aspire2 International Hospitality and Healthcare (A2I H&H), Aspire2 International English (A2I English). Please keep a copy of this application form for your reference. Please tick ✓ where applicable.

Personal Details (as shown in passport) Please fill sections fill in BLOCK letters.				
Family Name:	<input type="text"/>	First Name(s):	<input type="text"/>	
Preferred Name:	<input type="text"/>			
Date of Birth:	<input type="text"/> <input type="text"/> <input type="text"/>	DD/MM/YYYY	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Citizenship:	<input type="text"/>	Country of Birth:	<input type="text"/>	
Passport Number:	<input type="text"/>	Issue Date:	<input type="text"/>	Expiry Date: <input type="text"/>
Disability: The following information will help us improve services for students with disabilities. The information you supply is confidential. Do you live with the effects of significant injury, long-term mental/physical illness or disability?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If "Yes", please describe this disability: _____				
_____				

Applicant's Contact Details	
Address:	<input type="text"/>
Mobile:	<input type="text"/>
Email:	<input type="text"/>

Agent Contact (for approved agent, if applicable)	
Company Name:	<input type="text"/>
Mobile:	<input type="text"/>
Manager Name:	<input type="text"/>
Email:	<input type="text"/>

Parents Contact Details or Emergency Contact (home Country)	
Name:	<input type="text"/>
Mobile:	<input type="text"/>
Relation to you:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>

Emergency contact in New Zealand (if any)	
Name:	<input type="text"/>
Mobile:	<input type="text"/>
Relation to you:	<input type="text"/>
Email:	<input type="text"/>
Address:	<input type="text"/>

Programme Title	NZQA Level	Duration	Campus	Proposed Start Date
			AKL / TRG / CHCH	

Please tick the box if you are applying for any recognition of prior learning. Also attach all the academic transcripts and documents along with your application.

**What are your career intentions and goals? How will pursuing this programme of study assist you in achieving those goals?**

**What are your immediate plans after you have completed this programme of study?**

**Arrival, Accommodation and Insurance:**

Airport Pick-up: Do you want to be met at the airport? (Airport pick-up is free - conditions apply)  YES  NO

Accommodation: Do you require accommodation to be arranged for you on arrival?  
 Free shared (4-6 per room) hostel accommodation provided to most diploma students for the first 2 weeks after arrival. There will be separate rooms for male and female students. This benefit, if applicable to you, will be specified in your Offer of Place. Alternative paid accommodation and pick-up can be arranged if the benefit is not specified in your Offer of Place. Please email [study@aspire2international.ac.nz](mailto:study@aspire2international.ac.nz) if you wish to have alternative accommodation and pick-up arranged.  YES  NO

If you have ticked Yes for either of the above please email us your flight itinerary once your visa is approved, at [study@aspire2international.ac.nz](mailto:study@aspire2international.ac.nz)  
 Medical and Travel Insurance: Do you wish to purchase our medical and travel insurance?  
 Medical and travel Insurance is compulsory for international students in New Zealand. (See further details in our prospectus and website). We arrange medical and travel Insurance via Orbit Protect and the cost will be stated on your Offer of Place/Invoice. Alternatively, students can arrange their own insurance, and they must provide proof of suitable insurance at the time of enrolment.  YES  NO

**Education Background/ Details**

**Secondary Studies (high school/secondary school)**

Institution	Highest Qualification Gained	Country	Date Completed

**Tertiary studies (college, university, polytechnic)**

Please attach certified copies of school / college / university certificates.

Institution	Qualification	Country	Date Completed

**Work Background Experience**

Company Name	Title	Position	From

