

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 on programmes delivered Aspire2 International (A2I) schools, which includes Aspire2 Education (A2E) and Aspire2 International Hospitality and Healthcare (A2I H&H). Please keep a copy of this application form for your reference. Please tick ✓ where applicable.

Personal Details (as shown in passport) Please fill sections in BLOCK letters.

Family Name:	<input type="text"/>	First Name:	<input type="text"/>
Preferred Name:	<input type="text"/>		
Date of Birth:	<input type="text"/> DD/MMM/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's Contact Details (If applicable, only for approved agents)

Company Name:	<input type="text"/>	Mobile:	<input type="text"/>
Manager Name:	<input type="text"/>	Email:	<input type="text"/>

Parent's Contact Details or Emergency Contact (Home country)

Name:	<input type="text"/>	Mobile:	<input type="text"/>
Relationship 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"/>
Relationship to you:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>		

Programme Title	NZQA Level	Duration	Campus	Proposed Start Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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 an accommodation to be arranged for you on arrival? YES NO

Free shared (4-6 per room) hostel accommodation is provided to most diploma students for the first two weeks after arrival. There will be separate rooms for male and female students. This benefit, if applicable, will be specified in your Offer of Place. We can arrange alternative paid accommodation and pick-up if the concession is not specified in your Offer of Place. Please email apply.a2i@aspire2.ac.nz if you wish to have alternative accommodation, and pick-up arranged. We require at least 72-hour notification to avail of this service.

If you have ticked yes for either or both of the above options, please email us your flight itinerary once your visa is approved at apply.a2i@aspire2.ac.nz. Do note that we require at least 72-hour notification to avail for this service.

Medical and Travel Insurance: Do you wish to purchase our medical and travel insurance? YES NO

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 or Place and Invoice. Alternatively, students can arrange their insurance and must provide proof of suitable insurance at the time of enrolment.

Educational Background

Tertiary Studies (University, College, or Polytechnic)

Institution	Qualification	Country	Date Completed

Secondary Studies (Highschool)

Institution	Highest Qualification Gained	Country	Date Completed

Work Experience

Company	Position / Title	From	Until

English Language Proficiency (Please complete this section if English is not your first language)

IELTS TOEFL PTE LanguageCert

Other (Please give details) _____

Our admissions team will advise you if you have yet to meet the English requirement for the academic programme you are applying for. In such case, a Conditional Offer of Place will be provided.

New Zealand Privacy Act

The collection, use, storage and update of personal information by us will be in accordance with the New Zealand Privacy Act 2020. Within the schools, relevant personal information will be available to staff responsible for enrolment, establishing and maintaining records, providing tuition, programmes and academic support, providing student services, and maintaining discipline and order. When required by statute, we will release information to government agencies such as the Ministry of Education, New Zealand Qualifications Authority, Industry Training Organisations, Immigration New Zealand, New Zealand Police, Department of Justice, Inland Revenue and the Accident Compensation Corporation. Students have the right to access and correct any information held about them.

Student Declaration (and parent if the student is under 18)

- I confirm that all the information in this application and attachments are true and correct to the best of my knowledge and belief.
- I have read and understood the information in the Prospectus (also available on the website). I agree to comply with the attendance and behaviour requirements and all applicable policies and rules.
- I have read and understood the Student Fee Protection, Student Withdrawals and Fee Refunds Policy, which is summarised in the Prospectus and is on the website in full.
- I acknowledge that the provision of false information or the withholding of relevant information may result in the termination of enrolment.
- I will inform the school if there are any changes to the details of this application.
- I acknowledge that I have read the information about the course I have enrolled for.
- I permit the school to contact my parents in the event of an emergency or where there are concerns for my well-being.

Applicant's Full Name: _____ Parent's Name: _____

Applicant's Signature: _____ Parent's Signature: _____

Date Signed: _____ Date Signed: _____

To be signed by
parent if applicant
is under 18.

How did you learn about Aspire2 International and our programmes? (You may ✓ more than one box if appropriate):

Friends/Relatives Agent Exhibition Education Seminar Facebook Instagram Internet

Other Social Media Platforms (Please give details) _____