

# Graduate Diploma of Legal Practice Programme

## Application for enrolment form

### INSTRUCTIONS

Please read the instructions carefully before you complete this application

The purpose of this form is to obtain from you the information we need to enrol you at the College. We need to collect information required by the Ministry of Education and other New Zealand government agencies for statistical and registration reasons.

As this programme is accredited in Australia, there are questions in the enrolment form that are required for reporting to the Australian Government.

### INTRODUCTION

You are about to apply to enrol in the Graduate Diploma of Legal Practice programme at The College of Law New Zealand.

In completing this application, it would assist you to have the following documentation available.

1. Certification of a change of name if applicable
2. A passport-sized current colour photo (does not need to be an official passport photo)
3. Your student number relating to your previous award

As you apply online your information will be progressively saved so that you can return to complete your application later. Therefore, please review our [Privacy Policy](#) here and acknowledge you have read it by checking this box.

### Your Personal Details – Part 1 (Full legal name is required)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_  
Middle Name(s): \_\_\_\_\_ Surname: \_\_\_\_\_  
Preferred First Name (if different): \_\_\_\_\_ Previous Legal Name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (DD/MM/YYYY) Gender:  Male  Female  Gender X

### Your Contact Details

Home Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_  
Preferred Email Address: \_\_\_\_\_

### Your Address Details

#### Residential Address / Permanent Home Address

Street: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_  
City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

#### Postal Address (leave blank if the same)

Street: \_\_\_\_\_ Suburb/Town: \_\_\_\_\_  
City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

## Your Employer Details

Employer Name if applicable:

## Emergency Contact Details

### Emergency Contact

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

## Your Citizenship Information

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

<b>NSN (National Student No.):</b>	<b>If known, please write it here:</b>					
<b>Citizenship and Residency:</b>	<b>You will need to supply evidence of your identity and citizenship or residency status.</b> Tick the box that describes your citizenship					
	New Zealand Citizen (NZL)	Australian Citizen (AUS)	Other			
	<b>If you answered "Other" please specify your citizenship and whether you are a New Zealand or Australian Permanent Resident.</b>					
	(For students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand)					
	<b>New Zealand Permanent Resident</b>	Yes	No			
	<b>Australian Permanent Resident</b>	Yes	No			
	<b>During your enrolment in this qualification will you be a resident in New Zealand?</b>	Yes	No			
<b>Ethnicity:</b>	<b>What ethnic group(s) do you belong to? You may tick up to three boxes, which apply to you</b>					
	NZ European/Pakeha	111	Greek	123	Chinese	421
	New Zealand Maori	211	Polish	124	Indian	431
	Samoan	311	South Slav	125	Sri Lankan	441
	Cook Island Maori	321	Italian	126	Japanese	442
	Tongan	331	German	127	Korean	443
	Niuean	341	Australian	128	Other Asian	444
	Tokelauen	351	Other European	129	Middle Eastern	511
	Fijian	361	Filipino	411	Latin American	521
	Other Pacific People	371	Cambodian	412	African	531
	British/Irish	121	Vietnamese	413	Other	611
	Dutch	122	Other Southeast Asian	414	Not Stated	999

## Your Nationality Information

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

In which country were you born? Have you ever lived in Australia?  yes  no

In which year did you first arrive in Australia?

What language, other than English, is spoken at your permanent home residence?

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If Citizenship and Residency option is either "Australia Permanent Resident" or "Other" below section must be filled out

Please specify your citizenship

(for students with dual citizenship, specify the country of citizenship of the passport used to enter New Zealand)

During your enrolment in this qualification, will you be residing in New Zealand?  yes  no

## Disability

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

Any information you provide in this section is strictly confidential.

Do you have live with the effects of significant injury, long-term medical condition or disability which may affect your studies or which we should know of to assist you in the course?  yes  no

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Please indicate which of the following apply:

Hearing  Mobility  Medical  Learning  Vision  Other

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Please describe your impairment, disability or long-term medical condition:

Would you like advice on support services and facilities which may assist you:  yes  no

## Academic and Vocational Information

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

**Prior Activity:**

What was your main activity or occupation in New Zealand as at 1st October last year?

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**Secondary Study:**

What was the name of the last secondary school you attended? State "Overseas" if applicable

School Name:

What was your last year at secondary school? Highest secondary school qualification:

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**Tertiary Study:**

Please enter the name of the first tertiary institution at which you studied since leaving school. This can include University, Polytechnic, Institute of Technology, College of Education, Private Training Establishment, or Wananga either in New Zealand or overseas.

School Name:

Year of first tertiary enrolment?

## Your Education Information

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

Are you admitted to practice as a solicitor in New Zealand? Yes  No

In which year were you admitted to practice?

What is the highest level of education you have completed?

Grad Diploma

Bachelors

Masters

Doctorate

Juris Doctor

What was your last year of secondary school?

## Your Qualifications

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

Qualification Name, Institution and Year Completed. Fill in at least one qualification.

Qualification:

Institution:

Year Started:

Year Completed:

Student Number:

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Qualification:

Institution:

Year Started:

Year Completed:

Student Number:

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Qualification:

Institution:

Year Started:

Year Completed:

Student Number:

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Qualification:

Institution:

Year Started:

Year Completed:

Student Number:

CHESSN (if issued):

## Your Parental Information

As this course is accredited in Australia the following questions are required for Australian Government reporting purposes.

What is the gender of your 1st parent? Male  Female  Gender X

What is the highest education level of your 1st parent:

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What is the gender of your 1st parent? Male  Female  Gender X

What is the highest education level of your 1st parent:

## Further Information

### How did you hear about the Programme?

Personal referral	Conference or tradeshow
College Of Law Website	Advertising in a journal/website
Social Media Facebook/LinkedIn/Twitter	Found you on Google/other
Other (Please Specify)	

### What is your main reason for choosing The College of Law?

Reputation and profile of College	Recommendation by colleague
Practical nature of the course	Online course
Employer choice	Other (Please Specify)

### Who is funding your study?

Private      Employer      Other (Please specify)

## Additional information in support of application

### Accompanying Documentation Required with Application:

1. Attach your Academic Transcript or Graduation Certificate
2. Attach your passport sized photo (official passport not required)
3. Attach your evidence of Visa status if you are not a New Zealand citizen
4. Attach your change of name documentation (if applicable)
5. If you are apply for Recognition of Prior Learning, please attach your supporting documents for Recognition of Prior Learning

## Conditions Of Enrolment

### BY SIGNING AND SUBMITTING THIS APPLICATION YOU:

- Agree to provide the College of Law with an original or certified copy of your testamur or academic transcript evidencing that you have completed your law degree/Diploma in Law or equivalent in order to graduate from the Graduate Diploma of Legal Practice programme.
- Agree to comply with The College of Law's Rules and Programme requirements available in the Graduate Diploma of Legal Practice Programme Manual.
- Authorise The College of Law to obtain relevant information from the institution where you obtained your law degree.
- Undertake to advise The College of Law if you change your address or contact details.
- Acknowledge the Withdrawal, Refund and Transfer and Fee Policies in the Graduate Diploma of Legal Practice Programme Manual, including the Incidental Administrative penalties for transfer or early withdrawal.
- Acknowledge The College of Law's reporting responsibilities under the Education Services for Overseas Student ACT 2000 and the Higher Education Support Act 2003.
- Authorise The College of Law, under the Privacy Act 1993 (NZ) and Privacy Act 1998 (Au), to utilise and disclose personal details for official use only which may include admitting authorities, other stat bodies and research on behalf on the College of Law
- Agree to receive all notices and correspondence, including Commonwealth Assistance Notices electronically.

## Payment Options

### I wish to pay by:

Internet Banking, the College will advise the account number with your acceptance email

Cheque payable to College of Law New Zealand Limited

Credit Card

American Express

Mastercard

Visa

Card Number:

Cardholder's Name:

Expiry Date:

CCV Code:

Amount to be charged to card: \$

Signature

Invoice to: Employer or other person    Name of Firm:

Name of Contact Person:

Email of Contact Person:

Address details for Invoice:

Note: fees must be paid in full or arrangements made for payment prior to commencement. Student loan applications must be approved prior to commencement.

## Declaration

I declare that to the best of my knowledge all the information supplied on, and with, this application is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

Signature of applicant:

Date:

### SEND THIS APPLICATION TO THE COLLEGE OF LAW:

**BY EMAIL** enquiries@collaw.ac.nz    **BY DELIVERY** Level 8, College of Law Centre, 3 City Road, Auckland, 1010

**BY POST** PO Box 5047, Wellesley Street, Auckland, 1141

