

All sections of this form must be completed. Please print clearly.

## NZQA Registration Form

Return this form to your teaching institution or your assessor.

**NSN NUMBER:**  
 (If Known)

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Please note that the name entered in this section will appear on your Record of Achievement and certificates  
 Surname (family name)

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First names (given names in full)

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**ADDRESS:**

This should be your permanent address, **NOT** a temporary address used while attending a teaching institution.


Date of Birth

Day	Month	Year	

Local (Providers) Student ID (if applicable)

N	/	A							
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Tick appropriate box (for statistical purposes only)

Male  Female

Tick box(es) next to the ethnic group(s) you feel you belong to (for statistical purposes only) (Maximum of 3 boxes)

NZ European/Pakeha  
 British/Irish  
 Dutch  
 Greek  
 Polish  
 South Slav  
 Italian  
 German  
 Australian  
 Other European  
 New Zealand Māori  
 Samoan


Cook Island Māori  
 Tongan  
 Niuean  
 Tokelauan  
 Fijian  
 Other Pacific Island group  
 Filipino  
 Cambodian  
 Vietnamese  
 Other Southeast Asian  
 Chinese  
 Indian


Sri Lankan  
 Japanese  
 Korean  
 Other Asian  
 Middle Eastern  
 Latin American  
 African  
 Other  
 Not Stated


Name of Teaching Institution / ITO:

I declare that the particulars given above are correct and authorise the New Zealand Qualifications Authority to collect information from, and/or exchange information with any Teaching Institution, Industry Training Organisation or Government Agency with which I am enrolled, or have requested enrolment or funding.

Signed

Date