



OFFICE USE ONLY	
Provider #	.....
Course #	.....
Trainee #	.....
Eligibility Code:	EFM
Entered by:	.....
TEC invoice #:	.....

**Training Provider to Complete:**

## Enrolment Form / Tax Invoice

Two weeks after enrolment of the student, please forward this original document to:

**Service Centre, Tertiary Education Commission, Private Bag 76928, Manukau 2241.**  
(Fax/email copies not accepted).

<b>Provider Name and Address:</b>	<b>Domestic student course fee (GST incl.)</b>			
		<b>No of weeks or hours</b>	<b>Fee per week or hour</b>	<b>Sub Total \$</b>
	Tuition fee			
	Admin fee &/or other (Please specify) .....			
<b>GST No:</b>	<b>Total charged</b>			

<b>Course Name</b> (This <u>MUST</u> be a TEC approved course as per the Directory. Only one course name per enrolment):	
<b>Course Delivery Site</b> (This <u>MUST</u> be TEC approved English for Migrants Delivery Site):	
<b>Student's Last Name:</b>	<b>Male / Female (circle)</b>
<b>Student's First Name(s):</b>	
<b>Student's Passport No:</b>	<b>Date of Birth:</b>
<b>Student's Address:</b>	
<b>Phone Number: (    )</b>	
<b>Start Date:</b>	<b>Duration of Course in weeks</b>
<b>Course Code:</b>	<b>Invoice No:</b>
<b>TEC ID:</b>	

*Note: It is mandatory to print this invoice double sided and attach copies of both photo and visa pages of migrant's Passport to it*

## ***Training Provider Declaration***

I have verified that this student has Permanent Residency and is entitled to claim his/her ESOL Pre-Paid Tuition balance of entitlement for this course. In the event of a shortfall of funds, I certify that this student has been informed, before enrolment, of the amount they are required to contribute. I also understand that the responsibility of any such arrangement is entirely between us and the student.

This student has been enrolled as a domestic student on the above course for a minimum of two weeks. I certify that to the best of my knowledge and belief, the information relating to this student is true and correct.

<b>Date</b>	<b>Position Held</b>	<b>Name and Signature</b>

## ***Student Declaration***

I authorise the Training Provider and the Tertiary Education Commission to collect from and disclose to the New Zealand Immigration Service and the Ministry of Education information that is required to verify my eligibility for and record my progress on this and further training.

I have received information relating to the collection, use and disclosure of personal information under the Privacy Act 1993. I declare that all the information on this form is true and correct.

<b>Student's Signature:</b>	<b>Date:</b>