

Gateway Amend Student Details



Tertiary Education Commission
Te Amorangi Mātauranga Matua

School Details

School name.....
 Programme name.....
 Programme number.....Edumis number.....

Office Use

Entered on/...../.....
 Entered by

Student Details

Student's name...../...../.....
First name Middle name Last name

National Student Number

| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Date of Birth...../...../..... Gender Male Female

Change Request Details

Which student details need to be amended? (tick) Contact Details Employer Details Unit Standard Details

Contact Details

Street address.....
 Suburb..... Town/City.....
 Contact telephone number (0)..... Other contact number (0).....

Gateway Placement Details

Industry of Placement (refer Gateway Handbook).....
 Start date.....
 Employer.....
 Employer contact.....
 Street address.....
 Suburb..... Town/City.....
 Contact telephone number (0)..... Other contact number (0).....

Add/Amend Unit Standards

List changed/new Unit Standards/Achievement Standards or attach a copy

| Unit Standard number | Unit Standard name | Level | Credit value | Where Unit Standard will be assessed | | |
|----------------------|--------------------|-------|--------------|--------------------------------------|--------------------------|--------------------------|
| | | | | work | school | shared |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Student Declaration

I declare that all the information on this form is true and correct.

I authorise the school to submit to the Tertiary Education Commission (TEC) the information contained on this form and in any supporting documentation. Where the information is submitted electronically the school may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made the school is to note the correction on the form).

I agree to notify the school if any of the information I have provided changes.

I acknowledge that:

1. The information provided in this form is being collected and will be held by both the school, to enable it to enrol me in the programme specified, and the TEC, to enable it to provide and monitor funding in relation to that programme. The information may also be used for the other purposes set out in this section.
2. If I do not provide the information required I may not be able to be enrolled in the programme I wish to take.
3. Under the Privacy Act 1993 I have a right to access and to request correction to any of my personal information provided to the school and the TEC. I can contact the school at the address set out in my contract with it, and the TEC at PO Box 27-048, Wellington.

I authorise the school and the TEC to collect from and disclose to other Training providers/brokers, Work and Income New Zealand, Ministry of Education, New Zealand Qualifications Authority, Workbridge, Studylink and employers, information that is required to:

1. verify my eligibility for and record my progress on this and future training or to confirm an employment outcome
2. confirm credits that I have or may achieve on the National Qualifications Framework, and/or
3. compile information for statistical purposes.

I acknowledge that the TEC or its agents may undertake evaluations of Gateway and that I may be invited to take part in interviews as part of these evaluations. I understand that standard research ethics procedures will be followed, including protecting my identity and obtaining my informed consent.

Signed..... Date..... /..... /.....

Print Name.....

School Declaration

1. I certify this student meets the eligibility criteria to participate in the Gateway programme.
2. I certify that, to the best of my knowledge and belief, the information relating to this learner is true and correct.
3. I have verified that this student has signed the student declaration.

Signed.....

Print Name..... Date..... /..... /.....

