Gateway Learner Enrolment Form

The purpose of this enrolment form is to obtain to help schools obtain learner information that is needed as part of a school’s Gateway funding reporting requirements to the TEC.

The content collected through this form is required as evidence of a genuine enrolment and may form part of a TEC audit.

|  |  |  |
| --- | --- | --- |
| **SCHOOL DETAILS** | | |
| School name: |  | Office use |
| EDUMIS number: |  |  |
| Gateway contact name: |  |
| Gateway contact email: |  |
| Gateway programme name: |  |
| Gateway programme number: |  |

|  |  |
| --- | --- |
| **LEARNER DETAILS** | |
| Name: |  |
| National Student Number (NSN): |  |
| School year: *(Y11/Y12/Y13)* |  |
| Date of Birth: | *day month year* |
| Gender: *(Male/Female/Another gender)* |  |
| Mobile or Contact number: |  |
| Address: |  |
|  |

|  |  |
| --- | --- |
| **STATISTICAL INFORMATION** | |
| Ethnicity:  Please tick at least one. You may tick up to six boxes that apply to the learner. | New Zealand European Filipino  Māori Cambodian  Samoan Vietnamese  Cook Islands Māori Other Southeast Asian  Tongan Chinese  Niuean Indian  Tokelauan Sri Lankan  Fijian Japanese  Other Pacific Peoples  Korean  British and Irish Other Asian  Dutch Middle Eastern  Greek Latin American  Polish African  South Slav Other Ethnicity  Italian Not Stated  German  Australian  Other European  If you have ticked “Other Pacific Peoples”, “Other European”, “Other Southeast Asian”, "Other Asian" or "Other Ethnicity” please specify what specific ethnicity below.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Iwi: *(If the learner identifies as Māori, what is the name of their Iwi?)*  You may enter up to six Iwi. If a learner does not know their Iwi, please write 'Don't Know'. |  |

|  |  |
| --- | --- |
| **PLACEMENT DETAILS** | |
| Gateway placement employer: |  |
| Key contact name: |  |
| Key contact mobile number: |  |
| Address: |  |
|  |
| Industry type: |  |
| Placement start date: |  |
| Placement end date: |  |
| Territorial authority local board: |  |
| Region of delivery: |  |
| Vocational Pathway (if applicable): |  |

|  |  |
| --- | --- |
| **LEARNER DECLARATION** | |
| **Privacy statement**  The [Privacy Act 2020](https://www.legislation.govt.nz/act/public/2020/0031/latest/LMS23223.html) has the stated aim of protecting and promoting the privacy of individuals.  It governs the collection, use, storage and disclosure of personal information. The school handles personal information in accordance with the 13 information privacy principles in the Act.  The school collects and stores personal information from this form to:   * comply with the requirements of the [Education and Training Act 2020](http://www.legislation.govt.nz/act/public/2020/0038/latest/LMS170676.html?search=qs_act%40bill%40regulation%40deemedreg_Education+and+Training+Act+2020_resel_25_h&p=1&sr=1) and other legislationrelating to maintenance of records * manage its business, including internal reporting, administrative processes and selection of scholarship and award/prize winners; and * supply information to government agencies and other organisations, as set out below.   The school will comply with all legal requirements in relation to the use and disclosure of personal information, as set out in the Privacy Act 2020.  You are entitled to see any information that the school holds about you and request that any errors in the information be corrected. To do so, contact your school’s enrolments administrator.  **Disclosure of personal information**  I authorise the school to submit to the Tertiary Education Commission (TEC) the information contained on this form and in any supporting documentation.  I authorise the school and the TEC to collect from and disclose to other Training providers/brokers, Ministry of Education, New Zealand Qualifications Authority, Ministry of Social Development, Inland Revenue, Ministry of Business, Innovation and Employment, 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 New Zealand Qualifications and Credentials Framework, and/or 3. conduct statistical analysis or research.   **Storage of personal information**  Data collected from tertiary education organisations is now stored in the Cloud. Student enrolment and course and qualification completion data is stored in a Microsoft datastore based in Sydney, Australia.  **Research**  I acknowledge that the TEC or its agents may undertake evaluations of Gateway 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.  **Declaration**  I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, and I consent to the disclosure of personal information as described above.  I agree to notify the provider if any of the information I have provided changes. | |
| Learner name: |  |
| Learner signature: |  |
| Date: |  |

**School Declaration**

|  |  |
| --- | --- |
| 1. I certify that this learner 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 learner has signed the learner declaration. | |
| Gateway contact name: |  |
| Gateway contact signature: |  |
| Date: |  |