

Representative's Stamp

## APPLICATION FOR ADMISSION TAYLORS AUCKLAND FOUNDATION YEAR

Please print clearly in English and in BLOCK letters. Tick boxes where appropriate.

### PERSONAL INFORMATION

#### The Student

Family Name			Given Names		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Age	Date of Birth (day/month/year)		
Home Address					
City		Code		Country	
Home Telephone			Mobile Telephone		
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Parent/Guardian Correspondence Details

Name			Relationship to Student		
Home Address					
City		Code		Country	
Home Tel		Business Tel		Mob Tel	
Email	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Country of residence

Nationality	Country of Birth
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### PREVIOUS EDUCATION

Name of Qualification	Year Awarded
Name of School/College/University	Country/State
If you are currently completing a qualification, please indicate when you expect to complete this study (month/year)	
Language of Instruction	

### ENGLISH LANGUAGE PROFICIENCY

Please provide evidence of your English language qualifications. Refer to the entry requirements section for further information.

IELTS (score)	TOEFL (score)	Other (score)
Completion of Study Group English test (score)		

### PROGRAMME SELECTION

TAFY Standard	January <input type="checkbox"/>	July <input type="checkbox"/>	September <input type="checkbox"/>	TAFY Accelerated	April <input type="checkbox"/>
Taylor's Certificate in Pre-Foundation Studies	January <input type="checkbox"/>	July <input type="checkbox"/>			
Taylor's English Language Preparation Studies	(No. of weeks)				

#### Subject Selection

List subjects that you wish to study. Refer to pages 26-29 for guidance.

1 English	4
2	5
3	

Following my TAFY programme, the undergraduate course I would like to study is: (please list in order of preference)

1. Bachelor of	at UoA <input type="checkbox"/>	at AUT <input type="checkbox"/>
2. Bachelor of	at UoA <input type="checkbox"/>	at AUT <input type="checkbox"/>

I would like to receive a University Conditional Letter with my Taylor's Offer for:

The University of Auckland       AUT University



**PASSPORT DETAILS** please supply the following information if available

Passport number

Passport expiry date

**MEDICAL INSURANCE**Do you currently hold medical insurance? Yes  No 

If yes, please provide the following details.

Insurance company

Cover period

Start date

End date

**ACCOMMODATION**Do you require assistance with accommodation? Yes  No 

Length of Stay (Weeks)

Accommodation Start Date

What type of accommodation do you require?

Homestay (single) UniLodge (studio) UniLodge One Bedroom (single) Empire Apartments UniLodge (studio deluxe) UniLodge One Bedroom (double) **AIRPORT COLLECTION**Do you require airport pick up? Yes  No 

Flight details including date, time and flight number should be sent to the International Admissions Centre or Taylors College as soon as possible to arrange the airport collection.

**CAREGIVER ARRANGEMENTS**If you are under 18 years of age, do you have a CareGiver (relative) in New Zealand? Yes  No 

If yes, the name and address in New Zealand of your CareGiver

Name

Relationship to Student

Home Address

City

Code

Home Telephone

Business Telephone

Fax

**DECLARATION** to be signed by the student and parent or legal guardian

- I have read, understood and agree to be bound by the Terms and Conditions, including Grievances Policy, as stated in this brochure.
- I have read the Cancellation and Refund Policy and agree to abide by these Terms and Conditions.
- I hereby declare that the information supplied by me is true and correct.
- I agree to pay all fees owing and by the due date.
- I agree that on acceptance of enrolment by the College, the Application for Admission form will become the Contract of Enrolment.

I have read and understand the outline of how the Privacy Act will be applied at Taylors College, set out on the Taylors College website ([www.taylorscollege.ac.nz](http://www.taylorscollege.ac.nz)) and I authorise the College to collect, use and disclose personal information about me in accordance with the Privacy Act 1993.

Signed (Student)

Date

Signed (Parent, Legal Guardian\*)

Date

\*if applicant is under the age of 18

**APPLICATION CHECKLIST**

Check that you have:

 Completed all sections of the Application for Admission form Attached certified copies of your academic qualifications (translated into English) Read and understood the Terms, Conditions, Cancellation and Refund Policy, and Student Complaints Policy Attached evidence of English language proficiency Included a copy of your passport, visa or birth certificate if required**International Applicants – send your application to:**

International Admissions Centre  
Level 8, 97-99 Bathurst Street  
Sydney NSW 2000  
AUSTRALIA  
Telephone: +61 2 8263 1888  
Fax: +61 2 9267 0531

**New Zealand Applicants – send your application to:**

Taylors College, Auckland  
75 Karangahape Road  
Auckland  
NEW ZEALAND  
Telephone: +64 9 306 2622  
Facsimile: +64 9 306 2601