



# APPLICATION FORM 2018

IELTS 4 SKILLS PROGRAMS

Return to:	Kidzanya Limited Level 2, 16 Turner Street, Auckland Central-1010-	<a href="tel:0064291228541">Tel:0064 291228541</a> 00649 3660305 Email: <a href="mailto:Kidzanyanz@gmail.com">Kidzanyanz@gmail.com</a> Website: <a href="http://www.kidzanya.co.nz">www.kidzanya.co.nz</a>
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Welcome to Kidzanya! Please read the instructions below carefully before completing the form.

Instructions:

- Complete all sections of the form.
- Print your answers clearly and tick the boxes for the multi-choice questions.
- Sign the form.
- Email the form or post it.
- Attach all the additional documents that are required.

## 1- Personal Details

Print your Legal Name							
1-Family Name:							
Given Name(s):							
2-Preferred first name:				Gender:	Male	Female	
3-Date of Birth:		____/____/____					
		Day		Month		Year	
4-Preferred title:		<input type="checkbox"/> MS <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> other (Specify) _____					
5-Citizenship: (please provide passport and visa copies)							
6- Next of kin		Name:		Relationship to you:			
		Address:		Phone: Email:			



### 2-contact details

7-Home address:	Street address:	
	Suburb:	
	Town/City	
	10-Country:	11-Post code:
8-Phone: (        )		
9-Mobile: (        )		
10-Email:		

### 3- Qualification

1- IELTS FOCUSED SKILLS Language Course		
What Program do you intend to enroll in		
IELTS	1-writing	Part-time – 3 weeks course - (2 hrs. per day/5 days a week)  Monday to Friday:                      4:pm to 6:00 pm  -Part-time: Group Course:              \$250 NZ per week  -Part-time: One-on-one course:      \$400 NZ per week
	2- speaking	Part-time – 2 weeks course- 2 hrs. a day- 5 days a week.  Monday to Friday:                      3:pm to 5:00 pm  -Part-time: Group Course:              \$250 NZ per week  -Part-time: One-on-one course:      \$400 NZ per week
	3-Reading	Part-time – 2 weeks course- 2 hrs. a day- 5 days a week.  Monday to Friday:                      6:pm to 8:00 pm  -Part-time: Group Course:              \$250 NZ per week



		-Part-time: One-on-one course: \$400 NZ per week
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	4- Listening	Part-time – 2 weeks course- 2 hrs. a day- 5 days a week. Monday to Friday: 5:pm to 7:00 pm Part-time: Group Course: \$250 NZ per week -Part-time: One-on-one course: \$400 NZ per week
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#### 4-Starting date

What date do you wish to begin your studies?	
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Have you studied at Kidzanya before? If yes, what program did you study before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#### 5- Disability

Do you live with the effect of significant injury, long term illness or disability? The supplied information is confidential.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Specific learning needs: Do you have	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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any specific learning needs that you require? The supplied information is confidential

If yes, please give more information about your specific learning needs:

### 6- English Proficiency

- Do you speak a language other than English?

Yes

No

If yes, which language?

Have you completed any English Proficiency test before?

Yes

No

If yes, please provide a **certified copy** of the test results

Name of the completed English Language test:

Test Date: D\_\_\_\_\_/M\_\_\_\_\_/y\_\_\_\_

Test score: \_\_\_\_\_

### 7-career plans

Why do you want to join this course?

What are your immediate plans after completing this program?



### 8-Conviction

<p>Do you have any criminal conviction?</p> <p>If you have ticked yes, please provide more details:</p>	<p style="text-align: center;"> <input type="checkbox"/> Yes             <span style="margin-left: 200px;"><input type="checkbox"/> No</span> </p>
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<p>Please provide two referees. They cannot be family members.</p>	<p>Referee 1:</p> <p>Name:</p> <p>Phone number:</p> <hr/> <p>Referee 2</p> <p>Name:</p> <p>Phone Number:</p>
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### 9- Documentation

<p>Please provide here all documents that you have attached to this form. Please staple your documents safely to the back of the form.</p>	
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### 10-Bank account details

<p>Please provide your bank account details</p>	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>									<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
	Bank	Branch	Account Number	suffix																
Name of Bank:																				
Name of Branch:			Town/City:																	



### 11-Payment Details

Please select your preferred method of payment	<input type="checkbox"/>	Cash
	<input type="checkbox"/>	Cheque
	<input type="checkbox"/>	Visa

How did you hear about Kidznaya?	Our website	Our staff	Word of mouth	Our students	Email
	Friends	Advertisement	magazine	Radio	Other

### 12- Declaration

I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To amend any error in the provided form, please contact the enrolment officer.