



Certificate in Introducing Health Promotion Application Form

OFFICE USE ONLY
ID: _____
Faxed to HPF: ___/___/___

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

PERSONAL DETAILS

LEGAL SURNAME
MR |MRS |MISS |MS (circle one).....

LEGAL FIRST NAME(S).....
If your present name is different from your legal name (i.e. the name on your birth or marriage certificate) or that appearing on any transcript or examination results, please attach copies of appropriate legal documents, e.g. marriage certificate, deed poll certificates

NAME YOU ARE KNOWN BY (if different from your legal name).....

FULL POSTAL ADDRESS.....

PHONE (HOME) **PHONE (WORK)** **EXT**

PHONE (MOBILE) **EMAIL ADDRESS**.....

DATE OF BIRTH |.....|..... **ETHNIC BACKGROUND**.....

COUNTRY WHERE BORN.....

NEW ZEALAND CITIZEN or RESIDENT (or from **Australia, Tokelau, the Cook Islands, Niue**) **YES | NO** (Circle one)

IS ENGLISH YOUR SECOND LANGUAGE? **YES | NO** (Circle one)
If **YES**, were you educated in English? **YES | NO** (Circle one)
If **YES**, please provide evidence
If **NO**, please state ELP/IELTS Score..... (please provide evidence)

COURSE OF STUDY

I wish to attend the **Certificate in Introducing Health Promotion** in: (city):
(date):.....

REASONS FOR WANTING TO UNDERTAKE THIS COURSE

EDUCATIONAL HISTORY

QUALIFICATIONS GAINED	DATE	QUALIFICATIONS GAINED	DATE

CURRENT EMPLOYMENT or relevant position

EMPLOYER
POSITION

PLEASE GIVE DETAILS OF WORK EXPERIENCE IN HEALTH PROMOTION OR IN THE COMMUNITY RELEVANT TO THIS COURSE (paid or unpaid)

DATE	EXPERIENCE

EMPLOYER’S ENDORSEMENT

I would be happy to release this applicant from their employment for the time involved. YES | NO (Circle one)

SIGNATURE:..... **DATE:**

PRINTED NAME:..... **DESIGNATION:**

EMPLOYER’S STAMP

INFORMATION REQUIRED

You will need to send **verified copies** of the following documentation to support your application. Examples of people who may verify copies are a NZ solicitor or a Justice of the Peace (JP). Tick each completed item.

Please note these proofs are required by MIT under the Education Act 1989 (see Declaration, below).

DO NOT SEND ORIGINAL DOCUMENTS

- Birth Certificate*
- Marriage Certificate (if applicable)*
- Proof of New Zealand Residency, if not born in this country*

DECLARATION

I hereby declare that the information and attached documentation provided by me on this application form is true and correct. I acknowledge that Manukau Institute of Technology can cancel my application if false or incomplete information has been provided. I understand that the purpose of collecting this information is to allow Manukau Institute of Technology to carry out the functions required of it under the Education Act 1989, and its obligation under other enactments and in accordance with the Privacy Act 1993. I authorise Manukau Institute of Technology to discuss this information with the agencies outlined in the Privacy Information handout.

SIGNATURE: **DATE:**

A copy of the Privacy Act 1993 can be viewed in the Library and copies of the Privacy Information handouts are available from the Information Centre.

SEND YOUR APPLICATION TO:
Health Promotion Administrator, Sal Stevens
Health Promotion Forum
PO Box 99 064, Newmarket
AUCKLAND

NOTE: If you do not receive an acknowledgement of your application after five (5) working days or if you have any queries, please phone 09 520 3714