



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

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EDUCATIONAL HISTORY

| QUALIFICATIONS GAINED | DATE | QUALIFICATIONS GAINED | DATE |
|-----------------------|------|-----------------------|------|
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CURRENT EMPLOYMENT or relevant position

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| EMPLOYER |
| POSITION |

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

| DATE | EXPERIENCE |
|------|------------|
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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 Manukau Institute of Technology under the Education Act 1989 (see Declaration, below).**

DO NOT SEND ORIGINAL DOCUMENTS

- Birth Certificate or passport*
- 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 in this application 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 gathering this information is to allow Manukau Institute of Technology to carry out the functions required of it under the Education Act 1989, and its obligations under other enactments and in accordance with the Privacy Act 1993. I authorise Manukau Institute of Technology to disclose this information to the agencies outlined in the information on the Privacy Act available in the MIT Library and Student Services Centres.

SIGNATURE: DATE:

SEND YOUR APPLICATION TO:
Health Promotion Administrator, Emma Frost
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 09 300 3734*