



Certificate in Introducing Health Promotion Application Form

PLEASE PRINT CLEARLY IN BLOCK CAPITALS

OFFICE USE ONLY

ID: _____

Faxed to HPF: ____/____/____

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 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:

EMAIL YOUR APPLICATION AND DOCUMENTATION TO:

Health Promotion Administrator, Jess Turner

Health Promotion Forum

hpf@hauora.co.nz

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 3071