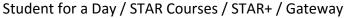
## APPLICATION FORM

Signature:

Experience NMIT Activities





322 Hardy Street, Private Bag 19, NELSON (7042) Contact: (03) 546 9174 or youth@nmit.ac.nz Surname: Date of Birth: First Names: Preferred Name: Personal Details Gender: ☐ Male ☐ Female NSN number: Home Address: Email: Phone: Mobile: **Emergency Contact Name:** Phone: Relationship: Resident Status: 

NZ Citizen 

Permanent Resident Ethnicity: Programme interested in: (e.g. Fitness / Hairdressing) Programme/Activity **Activity Requested:** ☐ STAR Course ☐ STAR+ ☐ Student for a Day □ Gateway (Please tick one) **Dates** Preferred: Your present secondary school: Your current study level (e.g. Year 13): Parent/Guardian Name: Permission Signature: / 2017 Date: Careers Advisor Name: I apply for registration for an Experience NMIT activity at Nelson Marlborough Institute of Technology and agree to comply with the rules of the Institute. I agree to provide the information requested in this form and I understand this information may be used by NMIT from time to time in respect of future studies. I authorise Nelson Marlborough Institute of Technology to pass on such information to third parties as may be necessary in relation to my studies.

Date: