



Avon City Training Services

Automotive Workshop Practices (Level 3) (Micro-Credential Trades Academy - Student Application Enrol Form 2027

PO Box 11008
Sockburn
Christchurch 8443

Phone 03 266 1555
Freephone 0800 655 551
Email training@acford.co.nz

INSTRUCTIONS

The purpose of this application form is to obtain from you the information we need to enrol you into the Trades Academy course at Avon City Training Services and for government agencies for statistical registration. **Please fill in the form properly by:**

- Completing all sections of the form.
- Printing your answers clearly in **pen**, or by ticking the box that applies for multi-choice questions.
- Signing the form.

A PERSONAL DETAILS							
1	Print your given First Name/s :						
	Full legal Surname :						
2	Preferred first name:						
3	Full Postal Address:						
	Phone number:						
	Mobile:						
	Email:						
4	Date of birth:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>Day Month Year</small>	5	Gender:			
				Male <input type="checkbox"/>	Female <input type="checkbox"/>	Diverse <input type="checkbox"/>	
6	What Secondary School do you attend?					School Year In 2027	Year --
7	If you know your NSN (National Student number), please write it here:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
8	NCEA Level working towards in 2027		Level 1 <input type="checkbox"/>		Level 2 <input type="checkbox"/>		Level 3 <input type="checkbox"/>
9	Attended school in 2026 and returning in 2027		YES <input type="checkbox"/> NO <input type="checkbox"/>				

10	Citizenship		NZ Citizen <input type="checkbox"/>	NZ Permanent Resident <input type="checkbox"/>	Australian Citizen or Permanent Resident <input type="checkbox"/>	Other <input type="checkbox"/>																																																																								
	If other, write down your country of citizenship (You may need to supply evidence of residence or citizenship)																																																																													
	For students with dual citizenship specify the country of citizenship of the passport used to enter New Zealand																																																																													
11	Ethnicity: What ethnic group(s) do you belong to? You may tick up to three boxes, which apply to you.	<table border="0"> <tr> <td>NZ European/Pakeha</td> <td><input type="checkbox"/> 111</td> <td>Filipino</td> <td><input type="checkbox"/> 411</td> </tr> <tr> <td>New Zealand Māori</td> <td><input type="checkbox"/> 211</td> <td>Cambodian</td> <td><input type="checkbox"/> 412</td> </tr> <tr> <td>Samoan</td> <td><input type="checkbox"/> 311</td> <td>Vietnamese</td> <td><input type="checkbox"/> 413</td> </tr> <tr> <td>Cook Island Māori</td> <td><input type="checkbox"/> 321</td> <td>Other Southeast Asian</td> <td><input type="checkbox"/> 414</td> </tr> <tr> <td>Tongan</td> <td><input type="checkbox"/> 331</td> <td>Chinese</td> <td><input type="checkbox"/> 421</td> </tr> <tr> <td>Niue</td> <td><input type="checkbox"/> 341</td> <td>Indian</td> <td><input type="checkbox"/> 431</td> </tr> <tr> <td>Tokelauan</td> <td><input type="checkbox"/> 351</td> <td>Sri Lankan</td> <td><input type="checkbox"/> 441</td> </tr> <tr> <td>Fijian</td> <td><input type="checkbox"/> 361</td> <td>Japanese</td> <td><input type="checkbox"/> 442</td> </tr> <tr> <td>Other Pacific Peoples</td> <td><input type="checkbox"/> 371</td> <td>Korean</td> <td><input type="checkbox"/> 443</td> </tr> <tr> <td>British/Irish</td> <td><input type="checkbox"/> 121</td> <td>Other Asian</td> <td><input type="checkbox"/> 444</td> </tr> <tr> <td>Dutch</td> <td><input type="checkbox"/> 122</td> <td>Middle Eastern</td> <td><input type="checkbox"/> 511</td> </tr> <tr> <td>Greek</td> <td><input type="checkbox"/> 123</td> <td>Latin American</td> <td><input type="checkbox"/> 521</td> </tr> <tr> <td>Polish</td> <td><input type="checkbox"/> 124</td> <td>African</td> <td><input type="checkbox"/> 531</td> </tr> <tr> <td>South Slav</td> <td><input type="checkbox"/> 125</td> <td>Other</td> <td><input type="checkbox"/> 611</td> </tr> <tr> <td>Italian</td> <td><input type="checkbox"/> 126</td> <td>Not Stated</td> <td><input type="checkbox"/> 999</td> </tr> <tr> <td>German</td> <td><input type="checkbox"/> 127</td> <td></td> <td></td> </tr> <tr> <td>Australian</td> <td><input type="checkbox"/> 128</td> <td></td> <td></td> </tr> <tr> <td>Other European</td> <td><input type="checkbox"/> 129</td> <td></td> <td></td> </tr> </table>					NZ European/Pakeha	<input type="checkbox"/> 111	Filipino	<input type="checkbox"/> 411	New Zealand Māori	<input type="checkbox"/> 211	Cambodian	<input type="checkbox"/> 412	Samoan	<input type="checkbox"/> 311	Vietnamese	<input type="checkbox"/> 413	Cook Island Māori	<input type="checkbox"/> 321	Other Southeast Asian	<input type="checkbox"/> 414	Tongan	<input type="checkbox"/> 331	Chinese	<input type="checkbox"/> 421	Niue	<input type="checkbox"/> 341	Indian	<input type="checkbox"/> 431	Tokelauan	<input type="checkbox"/> 351	Sri Lankan	<input type="checkbox"/> 441	Fijian	<input type="checkbox"/> 361	Japanese	<input type="checkbox"/> 442	Other Pacific Peoples	<input type="checkbox"/> 371	Korean	<input type="checkbox"/> 443	British/Irish	<input type="checkbox"/> 121	Other Asian	<input type="checkbox"/> 444	Dutch	<input type="checkbox"/> 122	Middle Eastern	<input type="checkbox"/> 511	Greek	<input type="checkbox"/> 123	Latin American	<input type="checkbox"/> 521	Polish	<input type="checkbox"/> 124	African	<input type="checkbox"/> 531	South Slav	<input type="checkbox"/> 125	Other	<input type="checkbox"/> 611	Italian	<input type="checkbox"/> 126	Not Stated	<input type="checkbox"/> 999	German	<input type="checkbox"/> 127			Australian	<input type="checkbox"/> 128			Other European	<input type="checkbox"/> 129		
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If "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other" please specify what specific ethnicity below.																																																																														
12	Iwi: If you identified as New Zealand Māori in question 10, what is the name of your Iwi? You may enter more than one Iwi. If you do not know your Iwi, please enter 'Don't Know'.	Iwi: Rohe (Iwi home area):																																																																												
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MEDICAL CONDITIONS & DISABILITIES	The following information is confidential. Disclosure of information will <i>not</i> influence your acceptance on the programme.		
	Do you live with any of the following? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	If Yes , please indicate your condition/disability by ticking one or more of the boxes below:		
	Hearing impairment	<input type="checkbox"/>	Epilepsy <input type="checkbox"/>
	Visual impairment	<input type="checkbox"/>	Mental Health difficulties <input type="checkbox"/>
	Mobility impairment	<input type="checkbox"/>	Chronic Medical conditions (Please specify) _____
	Specific learning difficulty	<input type="checkbox"/>	Other (Please specify) _____
	Allergies/allergic Reactions	<input type="checkbox"/>	Please specify Allergies: _____
	Parent/Caregiver Details		
Name:			
Address:			
Phone:		Alternate Phone:	
Relationship to you:			
2nd Parent/Emergency Alternative Contact			
Name:			
Address:			
Phone:		Alternate Phone:	
Relationship to you:			
Doctors Contact Details			
Name:			
Name of Surgery:			
Phone:			
Start Date:		Thursday 4^h February, 2027	



High School Endorsement Form for 2027 Trades Academy Course

P O Box 11008
Christchurch 8443

Phone 03 348 4129

Freephone 0800 655 551

Email training@acford.co.nz

School	
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Applicant's Name	
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Name of contact at school	
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Programme	
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Weekly timetable	2 days per week - 8.30am to 2.30pm (Thursday and Friday)
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Applicants Signature		Date	
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Required Documentation

Attached to this document

- Current Record of Learning
- Transcript of School Subjects enrolled in 2027
- Certified Copy of Birth Certificate or Passport (or Permanent Resident Status if applicable)

2026 Reporting requirements during the year

School to report to ACTS

- School Term reports and achieved results

ACTS to report to school

- Literacy and numeracy assessment tool results
- Term Progress Reports and achieved results

School Stamp

_____ (school) accepts that this enrolment with ACTS will mean Dual Enrolment at both Avon City Training Services (working in partnership with National Trade Academy as our Lead Trades Academy Provider) and their respective secondary school as set out by the Ministry of Education.

Signed (Principal/Delegate)	
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Name	
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Date	
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