



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:	□□□□□□□□	Day	Month	Year
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
7	If you know your NSN (National Student number), please write it here:		□□□□-□□□□-□□□□		
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"/>
<p>If other, write down your country of citizenship (You may need to supply evidence of residence or citizenship)</p>					
<p>**For students with dual citizenship specify the country of citizenship of the passport used to enter New Zealand**</p>					
11	<p>Ethnicity: What ethnic group(s) do you belong to? You may tick up to three boxes, which apply to you.</p>	<p><i>NZ European/Pakeha</i></p> <p><i>New Zealand Māori</i></p> <p><i>Samoan</i></p> <p><i>Cook Island Māori</i></p> <p><i>Tongan</i></p> <p><i>Niue</i></p> <p><i>Tokelauen</i></p> <p><i>Fijian</i></p> <p><i>Other Pacific Peoples</i></p> <p><i>British/Irish</i></p> <p><i>Dutch</i></p> <p><i>Greek</i></p> <p><i>Polish</i></p> <p><i>South Slav</i></p> <p><i>Italian</i></p> <p><i>German</i></p> <p><i>Australian</i></p> <p><i>Other European</i></p>	<input type="checkbox"/> 111 <input type="checkbox"/> 211 <input type="checkbox"/> 311 <input type="checkbox"/> 321 <input type="checkbox"/> 331 <input type="checkbox"/> 341 <input type="checkbox"/> 351 <input type="checkbox"/> 361 <input type="checkbox"/> 371 <input type="checkbox"/> 121 <input type="checkbox"/> 122 <input type="checkbox"/> 123 <input type="checkbox"/> 124 <input type="checkbox"/> 125 <input type="checkbox"/> 126 <input type="checkbox"/> 127 <input type="checkbox"/> 128 <input type="checkbox"/> 129	<p><i>Filipino</i></p> <p><i>Cambodian</i></p> <p><i>Vietnamese</i></p> <p><i>Other Southeast Asian</i></p> <p><i>Chinese</i></p> <p><i>Indian</i></p> <p><i>Sri Lankan</i></p> <p><i>Japanese</i></p> <p><i>Korean</i></p> <p><i>Other Asian</i></p> <p><i>Middle Eastern</i></p> <p><i>Latin American</i></p> <p><i>African</i></p> <p><i>Other</i></p> <p><i>Not Stated</i></p>	<input type="checkbox"/> 411 <input type="checkbox"/> 412 <input type="checkbox"/> 413 <input type="checkbox"/> 414 <input type="checkbox"/> 421 <input type="checkbox"/> 431 <input type="checkbox"/> 441 <input type="checkbox"/> 442 <input type="checkbox"/> 443 <input type="checkbox"/> 444 <input type="checkbox"/> 511 <input type="checkbox"/> 521 <input type="checkbox"/> 531 <input type="checkbox"/> 611 <input type="checkbox"/> 999
<p>If "Other Pacific Peoples", "Other European", "Other Southeast Asian", "Other Asian" or "Other" please specify what specific ethnicity below.</p>					
12	<p><i>Iwi:</i> 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'.</p>	<p><i>Iwi:</i> <i>Rohe (Iwi home area):</i></p> <p><i>Iwi:</i> <i>Rohe (Iwi home area):</i></p> <p><i>Iwi:</i> <i>Rohe (Iwi home area):</i></p>			

MEDICAL CONDITIONS & DISABILITIES

The following information is confidential. Disclosure of information will *not* influence your acceptance on the programme.

Do you live with any of the following?

Yes

No

If **Yes**, please indicate your condition/disability by ticking one or more of the boxes below:

Hearing impairment

Epilepsy

Visual impairment

Mental Health difficulties

Mobility impairment

Chronic Medical conditions (Please specify) _____

Specific learning difficulty

Other (Please specify) _____

Allergies/allergic Reactions

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 4th February, 2027**

--	--

Privacy – Avon City Training Services collects and stores information from this form to comply with the requirements of the Education Act 1989, and its obligations under other enactments and in accordance with the Privacy Act 2020.

The information is also used to select students for qualifications, to manage internal administrative processes, and for internal reporting. Information about students may be supplied to, and sought from, other educational institutions for the purpose of verifying academic records.

NB: The Privacy Act came into force on 30 June 2020 with the stated aim of protecting the privacy of Natural persons. It requires us to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <http://www.privacy.org.nz/people/peotop.html>

Rules – In signing this application form you undertake to comply with the published rules and policies of the Avon City Training Services about attendance, academic progress, standard of dress, health and safety, and behaviour.

ACTS/Student Literacy and Numeracy Assessment Tool Agreement

As a student at ACTS, you may be required to undertake assessment to track your Literacy and Numeracy progress. This is undertaken using the TEC (Tertiary Education Commission) Literacy and Numeracy Assessment Tool.

You are advised that:

- A) The TEC is collecting information on the learner's literacy and numeracy skill levels.
- B) The purpose of collecting the information is to help the learner learn, and to allow performance to be measured and report on progress to be made to funders.
- C) The information will be disclosed to any tertiary education organisation that the learner ends with if the learner is enrolling in a foundation level programme.
- D) The TEC will hold the information (the TEC's address is PO Box 27-048, Wellington 6141).
- E) The learner may access the information by contacting the tertiary education organisation that they undertook the assessment and learning with in the first instance. If this is not available, the learner may access the information by contacting the TEC at Privacy.Act@tec.govt.nz
- F) If the learner accesses the information, and considers that any of the information is incorrect, he or she may ask the tertiary education organisation or the TEC to correct the information.

ACTS is a NZQA **Category 1** training provider. As at January 2025: NZQA is Highly Confident in the educational performance and Highly Confident in the capability in self-assessment of ACTS.

In signing this enrolment form you agree to allow the use of personal information for teaching and learning purposes.

Declaration – *I declare that to the best of my knowledge all the information supplied on, and with, this application form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above and information about assessments, attendance, and progress to the contributing school, and to Whanau/Parents/Caregivers.*

Student Signature

Date

Parent/Legal Guardian Signature

Date

Signature of ACTS representative.

Date

Please ensure your school has completed the High School Endorsement Form on page 5, then send your application form to:

POST: Avon City Training Services
P O Box 11008
Christchurch 8443

Email: training@acford.co.nz



Avon City Training Services

Avon City Motors Limited

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	
---------------	--

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

Required Documentation	School Stamp
<p>Attached to this document</p> <ul style="list-style-type: none">• Current Record of Learning• Transcript of School Subjects enrolled in 2027• Certified Copy of Birth Certificate or Passport (or Permanent Resident Status if applicable) <p>2026 Reporting requirements during the year</p> <p>School to report to ACTS</p> <ul style="list-style-type: none">• School Term reports and achieved results <p>ACTS to report to school</p> <ul style="list-style-type: none">• Literacy and numeracy assessment tool results• Term Progress Reports and achieved results	

(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)	
------------------------------------	--

Name	
-------------	--

Date	
-------------	--

