

NZQA Registration Form



NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

QUALIFY FOR THE FUTURE WORLD
KIA NOHO TAKATŪ KI TŌ ĀMUA AO!

Complete all sections and return this form to your teaching institution or your assessor:

Name:

First names (First name, middle name)

Surname/family name

Address :

Street number, name and suburb

Town/City

State/Province

Country

Post/Zip code

This should be your permanent address, **NOT** a temporary address used while attending a teaching institution.

National Student Number (NSN):

Only complete if known

e.g. 1234567890

Local (Providers) Student ID (if applicable):

Date of birth:

dd/mm/yyyy

Gender: Male

Female

Diverse

Tick appropriate box (for statistical purposes only)

Tick box(es) next to the ethnic group(s) you feel you belong to (for statistical purposes only)
(Maximum of 3 boxes)

New Zealand European

Cook Island Māori

Sri Lankan

British and Irish

Tongan

Japanese

Dutch

Niuean

Korean

Greek

Tokelauan

Other Asian

Polish

Fijian

Middle Eastern

South Slav

Other Pacific Peoples

Latin American

Italian

Filipino

African

German

Cambodian

Indian

Australian

Vietnamese

Samoan

Other European

Other Southeast Asian

Other Ethnicity

Māori

Chinese

Not Stated

Name of Teaching Institution/ITO:

I declare that the particulars given above are correct and authorise the New Zealand Qualifications Authority to collect information from, and/or exchange information with any Teaching Institution, Industry Training Organisation or Government Agency with which I am enrolled, or have requested enrolment or funding.

Signature:

Applicants signature

Date:

dd/mm/yyyy

Teaching institution or assessor are to return completed form to:
Post: **NZQA, PO Box 160, Wellington 6140, New Zealand,**
email: **DMLR@nzqa.govt.nz**

Office use only: