

# ONLINE APPLICATION FORM



## 1. Programme Of Study At Future Skills

Programme to enrol for	Health & Wellbeing (Level 2)
I wish to study	Full Time
Enrolled previously at Future Skills?	No

## 2. Personal Details

First Name/Given Name(s)	Grace
Last Name/Family Name	Huang
Preferred Given Name	
Previous Name(s) known by	
Title	Mrs
Gender	Female
Date Of Birth(DD/MM/YYYY)	03/05/1967
NZ Qualifications Authority (NZQA) or National Student Index (NSI) Registration Number	

## 3. Contact Details

Home/Permanent Address	17A Sanft Ave, mt Roskill
Town/City	Auckland
PostCode	1041
Telephone	NA
Mobile	02102835848
Email Address	grace3h@gmail.com
<b>Employer name and address</b>	
Company Name	
Employer Work Address	
Town/City	
Post Code	
Email Address	
<b>Contact address while studying (if different from permanent address)</b>	
Address	
Town/City	
Post Code	
Email Address	

Telephone

## 4. Next Of Kin

First Contact

Name	Allen Lee
Address	17A Sanft Ave, Mt Roskill, Auckland
Address	NA
Mobile	02102557930
Second Contact	
Name	
Address	
Address	
Mobile	

## 5. Citizenship And Residency

Citizenship And Residency Status	New Zealand Permanent Resident
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## 6. Ethnicity

With which ethnic group(s) do you identify?	Other Asian,Chinese
Iwi1	
Iwi2	
Iwi3	

## 7. Prior Activity

What was your main activity or occupation on 1 October in the year prior to your planned study?	08, House Person or Retired
Name the last secondary school you attended (state overseas if applicable)	overseas
When was your last year at secondary school? (e.g. 1980)	1986
Highest Academic Award from Secondary School	14, University Entrance
Will this be the first year you have ever enrolled in a University, Polytechnic, College of Education, Private Training Establishment or Wananga in New Zealand or overseas since leaving school? Do not include hobby, STAR or LINK courses.	No
If 'No' what year did you first enrol? (e.g. 1980)	
Have you attended any of these types of training programmes elsewhere?	

## 8.support

Do you live with the effects of significant injury, long term illness, or disability?	No
Are there any difficulties that may affect your studies or attendance and that you may need help with?	Child minding
Others (Please specify) :	

## 9. Marketing Information

How did you hear about this programme?	Referral (e.g. family, friend)
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## 10. Ird Number Collection

Do you currently have or will you have a Student Loan this year?	No
IRD Number	/td>

## 11. Current Study (If Applicable)

Please list the secondary school or other training provider where you are currently studying	
What qualifications are you working towards now:	/td>
Others:	
Please list the subjects you are studying	

## 12. Qualifications And Academic Records

Institution	Qualification & Level	Year

## 13. Purpose Of Study

Why do you want to do this programme?	I want to be a helper for the people in needs.
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What do you want to do when you have finished the programme?

I want to be a volunteer to take care elder people and those in needs.