

ONLINE APPLICATION FORM



1. Programme Of Study At Future Skills

Programme to enrol for	National Certificate in Mental Health and Addiction Support (Level 4)
I wish to study	Full Time
Enrolled previously at Future Skills?	No

2. Personal Details

First Name/Given Name(s)	ang
Last Name/Family Name	ren
Preferred Given Name	ang
Previous Name(s) known by	
Title	Mr.
Gender	Male
Date Of Birth(DD/MM/YYYY)	06/09/1965
NZ Qualifications Authority (NZQA) or National Student Index (NSI) Registration Number	

3. Contact Details

Home/Permanent Address	25a sainsbury road Mt Albert
Town/City	auckland
PostCode	1025
Telephone	09 8466995
Mobile	0211220968
Email Address	angren70@gmail.com
Employer name and address	
Company Name	
Employer Work Address	
Town/City	
Post Code	
Email Address	
Contact address while studying (if different from permanent address)	
Address	
Town/City	
Post Code	
Email Address	

Telephone

4. Next Of Kin

First Contact

Name	Zengqi ren
Address	25 a sainsbury road
Address	09 8466995
Mobile	
Second Contact	
Name	
Address	
Address	
Mobile	

5. Citizenship And Residency

Citizenship And Residency Status	New Zealand Citizen (including Cook Islands, Tokelau or Niue)
----------------------------------	---------------------------------------------------------------

6. Ethnicity

With which ethnic group(s) do you identify?	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?	09, Overseas (Irrespective of Occupation)
Name the last secondary school you attended (state overseas if applicable)	Takusyouku university
When was your last year at secondary school? (e.g. 1980)	1980
Highest Academic Award from Secondary School	09, Overseas Qualification, incl. Int. Baccalaureate and Cambridge Exams
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.	Yes
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?	
Others (Please specify) :	

9. Marketing Information

How did you hear about this programme?	School Careers Advisor
----------------------------------------	------------------------

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?	Want to up skills for looking for job of mental health.
---------------------------------------	---------------------------------------------------------

What do you want to do when you have finished the programme?

finding jobs.