

Enrolment Form

Risingholme Community Centre, 22 Cholmondeley Ave, Christchurch 8023

Website: www.risingholme.org.nz Tel: 332 7359 Fax 332 7357 Email: risingholme@xtra.co.nz

A refund is only given when a class does not start.

Family Name/Surname		First Name:	
Address <small>(include postal code)</small>			
Home Phone		Work Phone	Cell Phone
Email		Date of Birth	
Please include a stamped self-addressed envelope or email for course confirmation and receipt.			

For statistical purposes only: (Please tick)

Gender		AGE						Ethnicity				
M	F	16 +	20 +	30 +	40+	50+	60+	NZ European /Pakeha	New Zealand Māori	Pacific Island peoples	Asian	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Highest qualification level (successful completion)							
No formal secondary school qualification	14 or more credits at any level	NCEA Level 1 or School Certificate	NCEA Level 2 or 6th Form Certificate	University Entrance	NCEA Level 3 or Bursary or Scholarship	Overseas qualification	Other (specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English language status		Native English Speaker	<input type="checkbox"/>	Non-native English speaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Start date	Course you wish to enrol in	Location	Fee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How did you hear about us?

Brochure	Website	Tutor	Word of Mouth	Newspaper	Previous course	Newsletter	other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT METHOD

Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Inter-net bank	<input type="checkbox"/>	Visa/ Master-card	<input type="checkbox"/>
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Internet banking **03 1598 000 6558 00**. Please add as reference your surname and course.

Expiry Date Credit Card:	Cardholder Name								
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						

**Help us to plan the best programme for you – why do you want to learn?
Please tick all that apply to you**

To get a better job		To increase my skills		To start a new hobby	
To meet new people		To be more confident		To be healthier/fitter	
To improve my business		To keep myself busy		To learn something new	
What courses would you like us to include in future programmes?					