

Early Childhood Education and Care

Additional Requirements

Applicant's full name

Date of birth

You must complete this in addition to the Admission and Enrolment form. Your application will not be processed until you have submitted the Admission and Enrolment form and all additional requirements.

Programme applied for:

NZ2849 New Zealand Certificate in Early Childhood Education and Care Level 3	Chch	Timaru
NZ2850 New Zealand Certificate in Early Childhood Education and Care Level 4	Chch	Timaru
NZ2851 New Zealand Diploma in Early Childhood Education and Care Level 5	Chch	Timaru

Life/work experience

Please provide an account of all experience – part time, full time and voluntary, including care of own children, or attach a CV.

Employer/Place of Work	Nature of Work/Responsibilities	Year and Length of Employment

Police Vetting

Once accepted onto the programme, you'll be asked to complete a New Zealand Police Vetting Request and Consent form (details are available at police.govt.nz/service/vetting).

The information you provide will be entered onto the New Zealand Police Licensing and Vetting Service database and shared in confidence with the Faculty Head or their delegated authority. It's important that the information you provide is correct. If any information is proven to be false or misleading, your enrolment may be declined or withdrawn.

Identification 1 (eg Drivers licence):

Identification 2 (eg passport):

I authorise the sharing of my Police vetting results with placement centres for the purpose of fulfilling my placement requirements.

Full name:

Signed:

Dated:

Convictions against the law

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?
If YES, please give details.

Yes No

Do you acknowledge and agree that you will disclose any criminal convictions you receive while you're an student to and to the relevant authorities, and that failure to do so may result in disciplinary action.

Yes No

If YES, please explain.

I agree to notify the Department of Humanities if there is any change to my situation above during my programme at Ara.

Declaration

I certify that all information in this form is true and correct. I understand that the information I have supplied becomes the property of the Department of Humanities but that, as personal information, it is protected by the Privacy Act.

Full name:

Signed:

Dated: