



## Section 1: M P a D a

Title:  Mr  Mrs  Miss  Ms  Other

Legal Family name (as shown on your birth certificate or passport)

Legal First name(s) (as shown on birth certificate or your passport)

Preferred name(s)

Gender  Male  Female Date of Birth (Day / Month / Year)

 Male  Female   

Address in home country  
Street Name

Province/Region Postal/Zip Code

Home telephone number

Work telephone Number

Cellphone number

Email address

Parents/Guardian emergency contact name:

Parents/Guardian emergency contact telephone number:

Parents/Guardian emergency contact address:

Email address

Can your emergency contact person speak English?

Yes  No If not, what language do they speak?





# Application for Admission and Provisional Enrolment

## Student Information

COMPANY: OrbitProtect Ltd (Phone: +64 3 434 8151, Email: service@orbitprotect.com)  
TYPE OF COVER: Student with IPU New Zealand Health Clinic and selected pharmacies direct billing to OrbitProtect

Note: Under this cover you may see a doctor of IPU New Zealand Health Clinic and obtain prescribed and some non-prescribed medicine at designated pharmacies with no payment as they make a claim directly with OrbitProtect on your behalf.

### STUDENT DETAILS:

FIRST NAME: [Redacted] FAMILY NAME: [Redacted]  
NATIONALITY: [Redacted]  
EMAIL ADDRESS: [Redacted]

Note: The date of your departure for New Zealand will be when your insurance cover takes effect for 12 months upon payment of a premium of NZ\$454.00. For those who enrol for a period of less than 12 months, the insurance period will be shorter.

### AGREEMENT:

- i. I acknowledge that I will be insured with and charged for IPU New Zealand's default policy for international students following the completion of my application form.
- ii. I understand that my insurance as above will start on the day when I commence my travel to IPU New Zealand. I agree that for this purpose I need to supply my travel itinerary to IPU New Zealand as soon as I have made travel arrangements.
- iii. I have read and understood the details of the default insurance policy and its cancellation policy. (Note: See below for details)
- iv. I understand that I have the option of arranging an international student insurance policy of my choice and that if I do so, I need to supply a written attestation from the insurance supplier that policies offered are consistent with the requirement of the Education (Pastoral Care of International Students) Code of Practice 2016 [www.legislation.govt.nz/regulation/public/2016/0057/latest/DLM6748319.html](http://www.legislation.govt.nz/regulation/public/2016/0057/latest/DLM6748319.html). Where, insurance company is not in English, I can be asked to declare in writing that the policy covers the requirements set out in the Code.
- v. I understand that I need to communicate directly with the insurance company, not with IPU New Zealand, regarding any future claims or enquiries.

SIGNATURE OF STUDENT: [Redacted]

DATE OF SIGNATURE: [Redacted] / [Redacted] / [Redacted]  
Day Month Year

Please fill out the attached Insurance Form and submit with the application if you agree.



## Student 10: M A Application Form

(See pages 10-13 of the Student 10: M A Application Form)

1. In completing and returning this form, I am applying to enrol at IPU New Zealand. If IPU New Zealand offers me a place in writing and if I accept that place, I agree to pay to IPU New Zealand in full the relevant tuition fees, all other costs set by IPU New Zealand (if any) and (where applicable) Student Council fees before the first day I attend IPU New Zealand.
2.
  - (i) I undertake to comply with all IPU New Zealand's statutes, policies and procedures (including all amendments and new statutes, policies and procedures introduced after the date of this Application for Admission and Provisional Enrolment form).
  - (ii) I acknowledge that I have not relied on IPU New Zealand's (and/or IPU New Zealand's agents or contractors) judgement that course(s) and/or qualification(s), are suitable for any particular purpose or will achieve any particular result.
  - (iii) I acknowledge that, apart from the statements and warranties expressly given to me in writing by IPU New Zealand, all other statements and warranties (express or implied) are excluded.
  - (iv) I have received full written details of all fees, and any items that are or may be required by IPU New Zealand to be purchased or provided by me, for the course(s) I have chosen.
  - (v) I understand that the terms and conditions of this form as well as Part C of the Introduction to IPU New Zealand form part of my contract with IPU New Zealand. I have read the

# SCHOLARSHIP APPLICATION FORM



**STATEMENT OF PURPOSE**



Signature