



Application Form 2024

2024 version 1.0 – This form is for **international students** only

Brief Introduction and Instructions

Questions? Please contact us

You have received the **Course Information and Application Guide 2024** as part of the course information pack. It contains the instructions for filling this form in and making an acceptable application. **This form is for international students only.**

When completing this form, please:

- Use a blue or black pen.
- Print answers in NEAT BLOCK LETTERS.
- Initial all pages in the bottom right corner.
- Sign and date the back page of the form.

Your Programme and Your Starting and Finishing Dates

Programme New Zealand Certificate and Diploma in Beauty Therapy (Level 5) CO3691

Your starting date and finishing date *Start* 5 February 2024 *Finish* 20 June 2025 *Start* 29 July 2024 *Finish* 12 December 2025

About You

Legal surname			
Legal given name(s)			
Preferred name			
Previous names / aliases			
Phone numbers	Cell	Land	
Email address			
Permanent address			
<i>List your address using NZ Post Guidelines</i>			
		Postcode	
Country			

What is your gender? Female Gender diverse Male

Date of birth						
Day	Month	Year				

NZQA number / National Student Number									

Application continues on the next page.

Student Initials	Parent's Initials
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English Language and Citizenship

Is English your first or native language?

If no, you will need to supply evidence of your English language skills as per our entry requirements.

Yes No

What is your first language (if not English)?

What is your country of citizenship?

Passport number

Expiry date

Day		Month		Year			

Issuing country

Student visa expiry (if any)

Day		Month		Year			

Your Study History

Please include evidence of highest qualification

Please list your highest successfully completed qualification, including qualification level.

“Successfully completed” means you completed all the requirements to gain the certificate, diploma or degree. If none, put “none”.

Qualification

Provider

Year

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Please list the last study you undertook whether you successfully completed it nor not.

Programme

Provider

Year

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Please list all of the tertiary-level qualifications you hold, the year you completed them, and where you completed them.

Alternatively, you can email us your academic transcripts and / or a copy of your NZQA Record of Achievement.

Qualification

Year

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Provider

Qualification

Year

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Provider

If you have more tertiary qualifications, please attach another sheet of paper or email the details to us.

Have you ever withdrawn from, or not successfully completed, a programme or qualification?

Yes No

If you have ever withdrawn from, or not successfully completed, a programme or qualification, please explain why below.
(Attach another piece of paper if your answer doesn't fit in the area below.)

Student Initials

Parent's Initials

Proof of Identity and Proof of Citizenship

This should be an official photo ID

We are legally required to verify the identity and citizenship of every student. You can do this by submitting a **photocopy of your passport or scan of your passport**, then bring the original to the interview with you. You will need to submit proof of citizenship and right to study in New Zealand at enrolment.

Further Questions

Are you a caregiver for a child, relative or friend? (Family commitments)

- If yes, please give us more information below. Yes No
- If no, please continue to the next question regarding wanting to study and work in this industry.

If you answered “Yes” to being a caregiver for a child, relative or friend, please list the names and ages of those you care for.

Name	Age	Name	Age

If you answered “Yes” to being a caregiver for a child, relative or friend, please explain what alternate plans you have for care. For example, if your child is unwell and unable to attend school, what back-up plans do you have to ensure your child is taken care of so you can attend class to meet our strict attendance guidelines? (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

And what further back-up plans do you have for care if your first alternative plans fall through?

For example, if your child is unwell and unable to attend school, and your mother was supposed to look after your child, but she has to work, what back-up plans do you have to your back-up plan? (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

Further Questions continues on the next page.

Student Initials

Parent's Initials

Further Questions (Continued)

Explain in detail your reasons for wanting to study and work in this industry. Please be specific. (Answer on another piece of paper and attach it to this application if your answer doesn't fit in the area below.)

Student Initials

Parent's Initials

Health and Safety

Please answer truthfully

Are there supports that would help you while learning with us? Your response allows us to let you know what assistance might be available through us. Please select all of the supports you might need.

The information you provide is collected for statistical purposes and helps make education more accessible to all students.

- | | | | |
|--|--------------------------|---|--------------------------|
| Access to assistive technology (e.g., for reading, writing, communication) | <input type="checkbox"/> | Support with reading, writing, and communicating in learning sessions, exams, and assessments | <input type="checkbox"/> |
| Accessible format resources for course content | <input type="checkbox"/> | Other learning or disability support | <input type="checkbox"/> |
| Mobility and transport (e.g., navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan) | <input type="checkbox"/> | No – I do not need support at this time | <input type="checkbox"/> |
| New Zealand Sign Language interpreter | <input type="checkbox"/> | | |

Do you describe yourself as:

- | | |
|---|---|
| <ul style="list-style-type: none"> • disabled; • deaf; • neurodiverse; | <ul style="list-style-type: none"> • tangata whaikaha Māori; • living with a long-term physical condition; and / or • living with a long-term mental health condition? |
|---|---|

Yes No

The information you provide is collected for statistical purposes and helps us understand our students.

Read the list below and answer the questions after the list. We ask about these conditions to ensure you do not participate in any treatments that may affect your health. You may need to provide written evidence from a qualified medical or education practitioner, and you may need additional outside support (outside NaSA and at your own cost) in cases of learning issues.

- | | | | |
|------------------------|--------------------|------------------------|-----------------------|
| • Current pregnancy | • Haemophilia | • Leukaemia | • Hodgkin’s Disease |
| • Cancer | • Melanoma | • Allergic reactions | • Allergies |
| • Alcohol use / abuse | • Asthma | • Medical oedema | • Osteoporosis |
| • Rheumatoid arthritis | • Arthritis | • Diabetes | • Drug use / abuse |
| • Bell’s Palsy | • Trapped nerve(s) | • Pinched nerve(s) | • Inflamed nerve(s) |
| • Acute rheumatism | • Lumps / bumps | • Areas of pain | • Metal pins / plates |
| • Spasmodic high fever | • Pacemaker | • Recent surgery | • Kidney disease |
| • Liver disease | • Thyroid disorder | • Autoimmune disorder | • Thrombosis |
| • Phlebitis | • Hypertension | • Hypotension | • High cholesterol |
| • Shortness of breath | • Blood clots | • Irregular heartbeat | • Scabies |
| • Lice | • Eczema | • Psoriasis | • Dermatitis |
| • Acne vulgaris | • Boils | • Folliculitis | • Wart(s) |
| • Herpes simplex | • Herpes zoster | • Tinea corporis | • Tinea unguis |
| • Tinea pedis | • Tinea manis | • Verruca(s) | • Conjunctivitis |
| • Sties | • Scar tissue | • Skin sensation loss | • Epilepsy |
| • Depression | • Schizophrenia | • Manic-depressive | • Bipolar disorder |
| • Stress disorder | • Anxiety disorder | • Hepatitis (any type) | • HIV or AIDS |
| • Meningitis | • Tuberculosis | • Chronic fatigue / ME | • Glandular fever |

Health and Safety continues on the next page.

Student Initials	Parent’s Initials
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Health and Safety (Continued)

Please answer truthfully

Do you have, or have you been previously diagnosed with, one or more of the conditions listed here or any condition that could affect your studies or your course attendance? Yes No

Have you had any tattoos in the last 12 months? Yes No

Do you have any facial and / or body piercings (including internal)? Yes No

Do you take any regular, ongoing and / or current medication? Yes No

Have you been hospitalised in the last 12 months? Yes No

Do you have any conditions that impair or affect your sensory systems? Yes No

Do you have any learning conditions, like dyslexia, dysgraphia, auditory or visual processing disorders, et cetera? Yes No

Do you have any behavioural and / or attention conditions, like ADHD or any other neurological condition or disorder in this area? Yes No

Have you ever been charged with, or received diversion from, or convicted of, a serious crime? Yes No
You have the right to conceal any minor offence occurring over 7 years ago if unrepeated and as per the Criminal Records (Clean Slate) Act 2004 and its subsequent amendments, providing you meet all other conditions in the Act.

If you answered “Yes” to any of these Health and Safety questions, please explain why below. (Attach another piece of paper if your answer doesn’t fit in the area below.)

You may need to supply a diagnosis or medical clearance from a qualified medical or other professional.

Application continues on the next page.

Student Initials

Parent's Initials

Your Acknowledgement and Declaration

**This form does not automatically enrol you in a programme.
You will need to complete the interview and enrolment processes before you are fully enrolled.**

In this document, the following substitutions will apply:

- The applicant is herein referred to as “you”
- Aesthetics House Limited, trading as The National School of Aesthetics, is herein referred to as “we”

Important Information

When you submit this application form and any information, we do not guarantee you a place or automatically enrol you; however, if you complete this form properly and submit the requested information with it to our standard, we may allow you an interview, and subsequently, the opportunity to enrol. If your submission is missing any items, it may delay your interview. Please ensure you follow the procedures we sent to you.

We keep this information on file for 10 years for auditing purposes as required by the Tertiary Education Commission and other government and governing bodies **so we cannot return any of this to you.**

Your Declaration

- You understand completion and submission of this form and required documentation does not guarantee you a place in any of our programmes.
- You understand this submission is a **serious expression of interest**, i.e. your first choice of study.
- You understand if you do not arrive at the scheduled interview time and do not contact us directly regarding this matter beforehand, you may forfeit your chance of enrolment at NaSA in any programme now and in the future, and we reserve the right to charge you accordingly.
- You give us permission to perform any relevant personal background checks to determine your suitability.
- You confirm you are of good character, i.e. you do not or have never had any serious convictions against you.
- You understand **making a false declaration is an offence under the Crimes Act 1961**. We reserve the right to expel you (without refund) if you have made a false declaration or misrepresent yourself.

Your declaration also indicates that you understand if you submit your application (complete or incomplete) and take no further action, withdraw it at any stage, attend the interview but do not enrol, and / or apply for a student loan which we must administer without you enrolling, we reserve the right to charge you a minimum fee of \$150 plus any additional expenses we incur as a result. See www.nasa.co.nz/fees/ for exact fees. Your signature indicates you agree to pay these fees in full.

Your Health and Safety Declaration

By signing this document, you declare you have the condition(s) indicated by where you have listed the truthful answers and you have supplied further information on a separate piece of paper accompanying this form. You understand we may require you to gain specialist medical clearance or learning specialist assistance as a result of your declaration and you will provide evidence of this to us upon request. You understand if you have knowingly not declared a condition(s) or conviction(s) on this form, and you do have them, and injury / harm / etc. happens to you or a fellow student or other person because of the condition(s) or conviction(s), we bear no responsibility for this. You understand the information detailed herein is required for a lawful purpose connected with NaSA.

We cannot give you any special treatment or assistance if you do not supply us with written evidence of your physical, mental and / or learning conditions, diagnosed by the proper qualified medical or educational professional.

We do not assume and hereby disclaim any express or implied liability whatsoever to any party for any loss or damage caused by errors or omissions, whether these errors or omissions result from negligence, accident or any other cause. We are not responsible for events arising from unauthorised access of the information you provide.

Overdue Fees and Debt Recovery

We reserve the right to charge interest on overdue fees as per our rules, regulations, policies and procedures. If your account is not paid within 30 days after the due date, our collection agency may charge you a fee equal to 25% of the unpaid portion of the price but not less than \$25.00NZ. Where the total debt collection agency costs, legal and other costs arising from the collection of any amount owing exceeds the debt collection fee charged, our debt collection agent is also entitled to recover such additional costs from you. This clause is intended to be for the benefit of and enforceable by our debt collection agency under the Contracts (Privy) Act 1982 and any subsequent amendments.

Acknowledgement and Declaration continues on the next page.

Your Acknowledgement and Declaration (Continued)

Privacy Statement

Our collection, use, storage, disclosure and correction of personal information is governed by The Privacy Act 2020. Personal information means information about an identifiable individual and we comply with the obligations of this legislation.

We take all reasonable precautions to guard against unauthorised access to confidential and personal information including the loss, misuse and alteration of the information we hold. We will use best endeavours to keep personal information confidential and will not sell or otherwise provide your personal information to a third party for any purpose which is not incidental to your use of our services, unless you consent to its disclosure or we are legally required to disclose it, whether by a court of competent jurisdiction or as a result of the legislation itself. When the personal information is no longer required for the purposes for which it was collected, we may delete it.

Personal information you supply to us will be used for the purposes of The National School of Aesthetics including student administration, provision of services and the dissemination of information to staff and in order to appraise you of the services we can offer. It will assist us in providing the services you request, to process any communications you request and assist in any other use that you authorise.

We will use reasonable endeavours to maintain accurate, up-to-date information regarding students and staff. If you believe the personal information held about you is inaccurate and requires correction or if you require copies of the personal information we hold, please contact one of the Operations team members.

Declaration, Your Signature, and Your Guardian's Signature (Where Applicable)

I, the student, declare that, to the best of my knowledge, all the information supplied on, and with, this form is true and complete. I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above. I confirm I can and will pay all fees and extra expenses as they become due.

I understand making a false declaration is an offence under the Crimes Act 1961 and its subsequent amendments. **I understand the National School of Aesthetics reserves the right, at any time before or during the programme, to terminate my application or enrolment if I have misrepresented myself or my circumstances when providing information for my application, my enrolment or any other information at the school.**

Your signature

Date

Day		Month		Year			

Guardian's signature

Date

Day		Month		Year			

Signature on behalf of Aesthetics House Limited trading as The National School of Aesthetics

Signature

Date

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Name

Return this form with supporting documentation to:

Postal Address <i>Post only</i>	Physical Address <i>Courier only</i>	Email
Admissions The National School of Aesthetics PO Box 1582 Christchurch 8140 New Zealand	The National School of Aesthetics 134 Antigua Street Addington Christchurch 8024 New Zealand	enrol@nasa.co.nz

If you downloaded this form and filled it out electronically, you must initial each page and sign and date the last page before submitting it. If you are under 18, your legal guardian must do the same.

Scanning your documents? For guidance on what is and isn't acceptable, see: www.nasa.co.nz/enrol/application/#scanning-or-taking-photos-of-your-documentation

Ensure you have completed the following:

- Read the course information pack and understood the terms and conditions of your application
- Completed all sections in the application form
- Initialled every page in the application form
- Parent or legal guardian initialled every page (if you are under 18 years old at the time of this application)
- Signed and dated the declaration on the last page of this application form
- Parent or legal guardian signed and dated the declaration (if you are under 18 years old at the time of this application)
- Attached evidence of citizenship and identity as listed above.
- Attached evidence of any qualifications to meet the entry criteria. Please attach your highest-level qualification.
- Attached any evidence or reports regarding medical conditions or learning conditions.
- Ensured you can afford this programme and its extra expenses.
- Kept a copy of this application form for your records.