



AUCKLAND HOTEL AND CHEFS TRAINING SCHOOL

8-10 MOUNTAIN ROAD, NEWMARKET, AUCKLAND, NEW ZEALAND
TELEPHONE: (09) 307-3725 OR (09) 307-3726 OR (09) 307-6877 FAX (09) 307-3725

STUDENT APPLICATION FORM

Please contact Auckland Hotel and Chefs Training School (AHCTS)'s registered agents or the School directly regarding the programme before completing the application form.

Student Number:
(To be filled out by AHCTS)

Family Name: _____	Given Name _____
Date of Birth (DD/MM/YYYY) _____ Age _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Passport Number: _____	Expiry Date: _____
Citizenship: _____	Place of Birth _____ Ethnicity _____

Applicant's Contact Details in Home Country

Street Name		Town	
City/ Region		Post code	
Country		Email	
Mobile		Telephone	

Emergency Contact Person in Home Country or New Zealand

Name	
Telephone	
Email Address	
Relationship	

AHCTS Agent Registered Contact Details

Name of Agency	
Telephone number	
Email address	
Agent Stamp	

Programme Selection (please refer to the details on www.ahcts.co.nz or contact direct to AHCTS)

Programme Name	Total Teaching weeks	Tick the box
New Zealand Certificate in Cookery Level 4	40 weeks	<input type="checkbox"/>
New Zealand Diploma in Cookery Advanced Level 5 with Strands in Cookery	40 Weeks	<input type="checkbox"/>

Programme Start date: __/__/__	Programme End Date: __/__/__
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Entry Requirements:

English Proficiency

If English is not your first language, you will need to complete the following test to qualify (Test must be valid within two years). IELTS (academic), PTE, TOEFL or NZCE.

What is your First Language? _____ Please tick below.

- I have completed an English Language test.
- I will provide English Language Test at the later date. *(Conditional offer will be provided but not valid until the English test is completed)*

Highest Education Attainment of the Student

Name of School			
Country			
Qualification			
Year start		Year Finish	

Education Attainment of the Student

Name of School			
Country			
Qualification			
Year start		Year Finish	

Statement of Purpose (Provide why you wish to study our programme). Please provide additional sheet if needed.

Airport pick up: Do you require pick up from the airport? (*This service is not free but we can arrange it for you*) if **Yes**, please advise us through email your arrival details (Date, flight number, time) **Yes** **No**

Accommodation: Do you require accommodation to be arranged? **Yes** **No**
if **Yes**, please advise us through email your preference.

Student Insurance and Travel insurance: Under the Education (Pastoral Care of International Students Code of Practice 2016) it is compulsory for all students to have adequate Insurance, details and Insurance coverage and cost will be provided by AHCTS. Would you like AHCTS to arrange your Insurance? **Yes** **No**

Student Declaration (Please tick below)

- I /and my parents and /or legal guardians agreed to abide the policies and regulations of the AHCTS.
- I /and my parents and/ or legal guardians have read and understood this application form with its terms and conditions provided by AHCTS website and by the staff of AHCTS.
- I /and my parents and my agent have taken me through my application in my own language.
- I /and my parents and/ or legal guardian confirm that we understand all the information that I am applying for and the costs involved for the programme.
- I declare the information I have supplied on this form and any attached documentation to be true and correct.
- I completed the form and I am the sole author of the statement of the purpose.
- I will inform AHCTS immediately if there are any changes to this application.
- I permit AHCTS to contact my emergency contact listed in this application in the event of emergency.
- I understand that AHCTS reserves the right to cancel an Offer of Place on the basis of an incorrect application.

Applicants Name: _____

Applicants Signature: _____ Date: _____

Please ensure you have (Please tick)

- Completed all sections of this application
- Enclosed Certified Documents (Passport, English test and Academic records)
- Signed, understand the declaration and dated this form

_____ Indicate your initials Date: _____

TERMS AND CONDITIONS

New Zealand Privacy

Personal information collected on this form and other documents submitted to support this application may be disclosed to academic and administration staff of AHCTS where relevant to their legal duties in relation to your enrolment.

This information will be released to agencies such as the Ministry of Education, Tertiary Education Commission, New Zealand Qualifications Authority, Immigration New Zealand, IRD, NZ Police and other statutory agencies when required to by legislation.

Trust Account

All student fees and other payments are held in our trust account (Account Name: Public Trust)

Bank Details: **Auckland Hotel and Chef Training School**

Bank of New Zealand, Eastern Banking Centre, East Tamaki, Auckland, New Zealand

Account Number: **020214008701700**

SWIFT code: **BKNZ22** the student fees are released periodically in arrears on a pro rata basis in relation to the tuition delivered.

Costs: The Programme fees only refer to direct study costs of AHCTS. The fees include access to AHCTS study resources, ingredients and study materials provided. Other study aids such as laptop, and stationery, knives and uniforms are not included and need to be considered by you when budgeting your study cost. You should also plan for at least \$15,000NZD per year for living cost allowance on top of your tuition fee.

Withdrawals and refunds:

1. Withdrawal before the course commences:

Any tuition or course fees paid will be refunded in full provided, Auckland Hotel and Chefs Training School has been notified in writing before the commencement of the programme.

2. Withdrawal by the trainee within seven days of the start of the course:

Students withdrawing from the course within seven days of the start date will receive a full refund of all course fees made by them less a processing and administration fee of \$500.00 NZD, or 10% of the course cost, whichever is the lesser amount.

3. Withdrawal by a student after seven days from the start of the course:

No refunds are provided after the first seven days of the course, but the Managing Director has discretion to waive this forfeiture in part or in whole where special circumstances warrant.

4. Cancellation of training by Auckland Hotel & Chefs Training School:

Auckland Hotel & Chefs Training School reserves the right to cancel training courses prior to the course commencement due to insufficient demand, unavailability of suitably trained staff or facilities or similar major problems in all cases enrolled trainees will be offered alternative training dates or a refund.

5. Student fees:

A provision has been made with the Bank of New Zealand, by way of bond to protect student claims against the Auckland Hotel & Chefs Training School in the event of liquidation or receivership. In this unlikely event students should contact the schools auditors, regarding any claim.

Auditor: BROWNE'S, Browne's CA Limited, Auckland Ph 09 966 7100

Trust Account: Browne's CA limited - Trust Account, Unit K 215 Rosedale Rd Albany, Auckland Ph 09 966 7100

6. Student Information

The total costs and other financial commitments associated with the programme or training scheme for which the student seeks enrolment, have been discussed in full. There are no compulsory additional fees or cost associated with the programme. The Director Barbara Astill is a shareholder in the company which is the Landlord of The Auckland Hotel and Chefs Training School 1999 Ltd.

Homestay: The Pastoral Care officer can arrange good accommodation in Auckland. We can refer students to rental services or some homestay services. Note at least 6-8 Weeks notice is required.

Airport Transfer: The Pastoral Care Officer can arrange airport transfers upon arrival at Auckland International Airport.

Insurance: International students must hold acceptable Medical Insurance from their enrolment until their visa expiry. The Insurance must be compliant to the Code of Practice and acceptable to the student's education provider.

Visa Conditions: AHCTS students must meet and adhere to their visa conditions at all times. AHCTS reserves the legal right to report any breaches to Immigration New Zealand.

Attendance: All international student visa holders must maintain full attendance and show suitable progress. If students are late to class, they will not be admitted and may be asked to join the next session. Late arrivals and back from the (lunch, Morning tea etc), may prevent entry to classes, and result in being absent for the day. If this behaviour persists, students will be issued a written warning and a written reply will be required as to why their enrolment should not be terminated.

Holiday breaks: The school is closed 4 weeks per year (Christmas and New Year holiday break)

Rules and Regulations of AHCTS: Please refer to AHCTS Orientation Handbook.

Complaint procedure and grievances: Please refer to AHCTS Orientation Handbook.

Termination of Agreement: If a student fails to meet all obligations set out under this agreement, AHCTS will inform the student in writing, explaining how and why the student has failed to meet the obligations and what needs to be done. If the student fails to comply accordingly, this agreement will be terminated.

Signed: _____