**International Student Offer of Place**

All providers must be signatories to The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021.

|  |  |
| --- | --- |
| Issue date of offer |  |

**Student Details**

|  |  |  |
| --- | --- | --- |
| Name as shown in passport  (the Student) | Given/First names | Family/Last name |
|  |  |
| Date of birth |  | |
| Nationality of passport |  | |
| Student ID number |  | |

**Provider Details**

|  |  |
| --- | --- |
| NZQA-registered name of provider |  |
| Trading name of provider (if different from above) |  |
| NZQA EER rating (if applicable) |  |
| Delivery site address - City |  |

**Study Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Student category | Choose an item. | | |
| Course name |  | | |
| Length of course |  | | |
| NZ study start date | Click or tap to enter a date. | NZ study end date | Click or tap to enter a date. |
| Scheduled vacations | Provide website link here:  Click or tap here to enter text. | | |
| Full-time or Part-time |  | | |
| If part-time, please provide further detail |  | | |

**Fees Details**

|  |  |  |
| --- | --- | --- |
| Tuition fee invoiced | NZD $ |  |
| Approval in Principle (AIP) | The Student is seeking approval in principle | Choose an item. |
| Tuition fee paid and date | NZD Amount: | Date Paid: Click or tap to enter a date. |
| Accommodation included | Choose an item. | NZD Amount: |

**Education Agency/ Licensed Immigration Adviser Details (if applicable)**

Details of any education agent or licensed immigration adviser representing the student at the time the offer is made must be included.

|  |  |  |  |
| --- | --- | --- | --- |
| Business name (the Agent) |  | | |
| Business address |  | | |
| Representative name |  | | |
| Contact phone |  | Contact email |  |
| LIA number (where applicable) |  | | |

**Provider Declarations**

As a representative of the education provider named in this offer of enrolment, I declare that:

|  |  |  |
| --- | --- | --- |
| 1. | As per the Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021, the education provider has assessed and is satisfied that the programme is appropriate for the expectations of the student named in this form, and that the prospective student has the English language proficiency and academic capability to succeed in the programme offered. | Choose an item. |
| 2. | The student will be expected to attend the course in-person at all times as required, at the delivery site named in this form unless there are genuine reasons for absences. | Choose an item. |
| 3. | The education provider has instructed the education agent/retailer or licensed immigration advisor to declare their involvement in the student visa application form. | Choose an item. |
| If you have declared “No” to question 1 or 2, please provide further detail about why you are accepting this student onto the course: | | |
|  | | |

**Declaration for students under 18 years of age**

|  |  |  |
| --- | --- | --- |
| 4. | The Student’s accommodation has been reviewed and complies with The Education (Pastoral Care of Tertiary and International Learners) Code of Practice 2021. | Choose an item. |

**Declaration for students returning for a further period of study**

|  |  |  |
| --- | --- | --- |
| 5. | The student is returning to continue their studies with our school, and their attendance and progress to date has met requirements. An attendance record has been provided. | Choose an item. |

**Provider details and signature**

|  |  |
| --- | --- |
| Name of provider representative | Signed |
|  |  |
| Position held with education provider | Date |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Point of contact for Immigration New Zealand** (to verify information if needed) | | | |
| Contact name |  | Position |  |
| Contact email |  | Contact phone |  |
| 24-hour emergency phone number |  | | |