

**REGISTRATION
FORM**

Active Institute

Accounting, Business, Computer & English Language Institute

Registered and accredited with New Zealand Qualifications Authority

Postal address: **PO Box 76-518. Manukau City. Auckland. New Zealand.**

Campus location: **23 Norman Spencer Drive. Manukau City. Auckland. New Zealand.**

Phone: **+64-9-278-0849**

Email: **activeinstitute@ihug.co.nz**

Fax: **+64-9-278-0890**

Website: **www.activeinstitute.com**

PERSONAL DETAILS

Name: Mr. Mrs. Ms.
(First Name) (Last Name)

Postal Address:

Phone: ()

Fax: ()

Email:

Date of Birth:/...../.....

Nationality:

Educational level:

PLEASE ATTACH
YOUR RECENT
PHOTOGRAPH HERE

PROGRAMME DETAILS

When do you wish to start your course? Month..... Year.....

How many weeks would you like to study? **24 weeks 36 weeks 48 weeks**

1. IELTS Course

24 weeks 36 weeks 48 weeks

2. General English - (ESOL) Programme

24 weeks for each level

Beginner Intermediate Advanced

3. English for Academic Studies Programme

Beginner Intermediate Advanced

4. Business Administration & Computing Programme

Beginner Intermediate Advanced

5. Information Systems and Computing Programme

Beginner Intermediate Advanced

6. Computerized Accounting & Tax Programme

Beginner Intermediate Advanced

7. University Foundation Programme

48 weeks

ACCOMMODATION DETAILS

Do you need HOMESTAY accommodation? YES NO

Do you smoke? YES NO

Do you have any medical condition? YES NO

If "YES", please specify your medical condition:

Is there any food you cannot eat?

Would you like a transfer from Auckland Airport? YES NO

DECLARATION: I have read and accepted this application and its cancellation/refund conditions.

Signed:

Date: