

## All Applicants

### Applicant's details

Family name: \_\_\_\_\_

First/middle names \_\_\_\_\_

Any previous names: \_\_\_\_\_

Gender:            male            female

Date of birth \_\_\_\_\_

City of birth: \_\_\_\_\_

Country of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

City/country: \_\_\_\_\_

NZ drivers licence #: \_\_\_\_\_

### Programme

Bachelor of Teaching Early Childhood	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Tauranga	
Bachelor of Teaching Primary	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Tauranga	<input type="checkbox"/> Distance
Bachelor of Teaching Secondary Conjoint	<input type="checkbox"/> Hamilton		
Graduate Diploma of Teaching Primary	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Distance	
Graduate Diploma of Teaching Early Childhood	<input type="checkbox"/> Distance		
Graduate Diploma of Teaching Secondary	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Tauranga	<input type="checkbox"/> Distance
Master of Teaching and Learning	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Māori Medium
Master of Counselling	<input type="checkbox"/> Hamilton		
Teacher Education Refresh Programme	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Māori Medium
Te Kura Toi Tangata Faculty of Education Staff	<input type="checkbox"/> Teacher Education	<input type="checkbox"/> Master of Counselling	

### Consent

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the Faculty of Education, The University of Waikato. I understand that any record of criminal conviction I might have will automatically be concealed if I meet the eligibility criteria stipulated in the Criminal Records (Clean Slate) Act 2004 and the Vulnerable Children Act 2014.

Signature \_\_\_\_\_

Date \_\_\_\_\_