

ENROLMENT FORM

YOU MUST BE RESIDENT IN NEW ZEALAND

Location *Year* *Credit* *Audit*
(delete one)

PERSONAL INFORMATION

First Name *Last Name:*.....

Address

..... *Postcode*.....

Phone *Mobile*

Email

HOME CHURCH INFORMATION

Church Name

EDUCATIONAL INFORMATION: (List your highest qualification)

NCEA or Equivalent:.....*Date:*.....

Tertiary Education - Institution:.....*Qualification:*

Date:.....

GTC ENROLMENT DETAILS:

Certificate Programme Enrolling in (if applicable):

Course/s (papers) Enrolling in:

1..... (code:)

2..... (code:)

3..... (code:)

4..... (code:)

Please contact us if you have any questions.