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# New Zealand School of Acupuncture and Traditional Chinese Medicine

## Enrolment Form 2021 for Returning Students



**Welcome to the New Zealand School of Acupuncture and Traditional Chinese Medicine (NZSATCM).  
Please read the instructions below carefully before you complete this enrolment form.**

### INSTRUCTIONS

The purpose of this enrolment form is to obtain from you the information we need to enrol you into a qualification at our organisation. We also need to collect information from you which is required by the Ministry of Education and other Government agencies for statistical and registration reasons. Please fill in the form properly by:

- Completing all sections of the form.
- Printing your answers clearly in pen, or by ticking the box that applies for multi-choice questions.
- Signing the form.
- Attaching to the form additional documentation that is required for Ministry of Education funding purposes.

<b>A Please tick the courses you wish to enrol in for Feb 2021:</b>	
<b>1</b>	<b>Bachelor of Health Science (Acupuncture)</b>
<b>Year 1</b>	
<b>Semester One</b>	<b>Semester Two</b>
<input type="checkbox"/> BSC-RES-101 Academic Writing	<input type="checkbox"/> BSC-CLN-102 Introduction to Clinic
<input type="checkbox"/> BSC-TCMP-101 TCM Practical	<input type="checkbox"/> BSC-TCMP-102 TCM Practical
<input type="checkbox"/> BSC-TCMT-101 TCM Theory	<input type="checkbox"/> BSC-TCMT 102 TCM Theory
<input type="checkbox"/> BSC-WMS-101 Anatomy, Physiology	<input type="checkbox"/> BSC-WMS-102 Anatomy, Physiology
<input type="checkbox"/> BSC-WMS-111 Basic Microbiology	<input type="checkbox"/> BSC-WMS-112 Human Development
<b>Year 2</b>	
<b>Semester One</b>	<b>Semester Two</b>
<input type="checkbox"/> BSC-CLN-201 Clinical Assistant	<input type="checkbox"/> BSC-CLN-202 Clinical Assistant
<input type="checkbox"/> BSC-TCMP-201 TCM Practical	<input type="checkbox"/> BSC-TCMP-202 TCM Practical
<input type="checkbox"/> BSC-TCMT-201 TCM Theory	<input type="checkbox"/> BSC-TCMT-202 TCM Theory
<input type="checkbox"/> BSC-WMS-201 Biomedical Pathology	<input type="checkbox"/> BSC- WMS-202 Biomedical Pathology
<input type="checkbox"/> BSC-TCMT-211 Acupoint Functions	<input type="checkbox"/> BSC-TCMP-212 Musculoskeletal Assessment
<b>Year 3</b>	

	<b>Semester One</b>		<b>Semester Two</b>	
	__ BSC-CLN-301 Student Clinic		__ BSC-CLN-302 Student Clinic	
	__ BSC-DDX-301 Differential Diagnosis		__ BSC-DDX-302 Differential Diagnosis	
	__ BSC-TCMP-301 Musculoskeletal Treatment		__ BSC-TCMP-302 Tuina	
	__ BSC-TCMT-301 Clinical Patterns		__ BSC-TCMT-302 Clinical Patterns	
	__ BSC-WMS-301 Diagnosis, Referral		__ BSC-WMS-302 Pharmacology	
	<b>Year 4</b>			
	<b>Semester One</b>		<b>Semester Two</b>	
	__ BSC-CLN-401 Student Clinic		__ BSC-CLN-402 Student Clinic	
	__ BSC-DDX-401 Differential Diagnosis		__ BSC-DDX-402 Differential Diagnosis	
	__ BSC-PROF-401 Professional Issues		__ BSC-SBM-402 Clinic Management	
	__ BSC-RES-401 Research Principles		__ BSC-RES-402 Research Methods	
	__ BSC-TCMT-401 Major Chinese Classics		__ BSC-TCMT-402 Chinese Medical Specialties	
<b>2</b>	<b>Diploma of Chinese Herbal Medicine</b>			
	<b>Year 1</b>			
	<b>Semester One</b>		<b>Semester Two</b>	
	__ H-HSBP-101 Materia Medica		__ H-HSBP-102 Materia Medica	
	<b>Year 2</b>			
	<b>Semester One</b>		<b>Semester Two</b>	
	__ H-HSBP-201 Classical Formulae		__ H-HSBP-202 Classical Formulae	
	<b>Year 3</b>			
	<b>Semester One</b>		<b>Semester Two</b>	
	__ H-HSBP-301 Modern Formulating		__ H-HSBP-302 Modern Formulating	
	__ H-CLN-301 Clinical Training		__ H-CLN-302 Clinical Training	
<b>B</b>	<b>PERSONAL DETAILS</b>			
<b>3</b>	Print your full legal name:			
<b>4</b>	Year enrolled, Intake & Mode of study:	Year _____	Feb / July	Full-time / Part-time
<b>5</b>	Date of birth:	day/month/year		

<b>C CONTACT DETAILS</b>			
<b>6</b>	Address in Auckland and contact details:	Home Address:	Postal Address: (if different from home address)
		Street Address:	Street Address:
		Suburb:	Suburb:
		Town/City:	Town/City:
		Post Code:	Post Code:
		Phone: ( )	Mobile:
		Email:	
	Next of Kin:	Name:	
		Relationship:	
		Mobile:	
<b>D ADMINISTRATIVE FEE</b>			
<b>7</b>	<p>An administration fee of \$230 is due with this enrolment form.</p> <p>_____ I have deposited the \$230 into the Public Trust-NZSATCM account.</p> <p>Account no.: BNZ, 02-0536-0305865-01 (ID-No.) 6702309  Swift code: BKNZNZ22  (Ensure you enter your name as a reference)</p>		
<b>CANCELLATION AND REFUNDS</b>			
<p>A student may cancel his/her enrolment in a programme or withdraw after the commencement of his/her studies, due to health and family reasons, or changes in personal circumstances.</p> <p>For any student who has paid to attend a course of three months or more, the School ensures the student's fees are paid into a trust, to be available for refund if he/she withdraws within the first eight days.</p> <p>If the student withdraws within the first eight days, the full amount is paid to the student less an amount equal to the lower of the following amounts: 10 per cent of any amount paid; or \$500.</p> <p>Students who withdraw before the course commences will be entitled to a refund less any amounts allowed to be retained by the School as noted above.</p> <p>Refund is paid directly to the student or his/her funding agency such as StudyLink. Fees are not transferable to other institutions or students.</p> <p>After 8 days (for domestic students) and 10 working days (for international Students) of the course commencement, the School will not refund the tuition fee, nor the enrolment fee, homestay placement fee, airport pickup fee and travel/medical insurance. Specifically, no refunds will be made where:</p> <ul style="list-style-type: none"> <li>• <i>The student is withdrawn from the course because of misbehaviour, poor attendance or a breach of general rules and regulations as detailed in the student handbook</i></li> <li>• <i>The student leaves before he/she completes the course at the School</i></li> <li>• <i>(for international students) The student returns home for any reason other than his/her serious illness as certified by a qualified medical practitioner.</i></li> </ul> <p>All applications for refund must be made in writing, and, in the case of voluntary withdrawal, by completing a withdrawal application form. Decisions on refund after 8 days of the course commencement are at the discretion of the Academic Committee. No refund will be made if the student provides the School with false or misleading information or documents.</p>			
<b>DECLARATION</b>			

**Privacy** – NZSATCM collects and stores information from this form to:

- manage the business of NZSATCM (including internal reporting, administrative processes and selection of scholarship and prize winners)
- comply with the requirements of the Education Act 1989 and other legislation relating to maintenance of records
- supply information to government agencies and other organisations as set out below.

In signing this enrolment form you authorise such disclosure on the understanding that NZSATCM will observe the conditions governing the release of information, as set out in the Privacy Act 1993, the Education Act 1989 and other relevant legislation. You may see any information held about you and amend any errors in that information. To do so, contact the Enrolments Officer.

NB: The Privacy Act came into force on 1 July 1993 with the stated aim of protecting the privacy of natural persons. It requires NZSATCM to collect, hold, handle, use and disclose personal information in accordance with the twelve information privacy principles in the Act. <http://www.privacy.org.nz/privacy-act>

*Supply of information to government agencies and other organisations*

NZSATCM supplies data collected on this form to government agencies, including:

- the Ministry of Education
- the New Zealand Qualifications Authority
- the Tertiary Education Commission
- the Ministry of Social Development (in relation to student loans and allowances) and Inland Revenue (student loans)
- Immigration New Zealand and the Ministry of Business, Innovation and Employment (for those who are not New Zealand citizens or permanent residents)
- agencies which support students through scholarships, payment of fees or other awards (if you are a recipient of one of these awards).

Those agencies use the data collected from tertiary education organisations to:

- administer the tertiary education system, including allocating funding
- develop policy advice for government
- conduct statistical analysis and research

Your personal details (name, date of birth and residency) as entered on this form will be included in the National Student Index and may be used in an authorised information matching programme with the New Zealand Birth Register.

The government agencies above may supply data collected on this form to Statistics New Zealand for the purposes of integrating data with data collected by other government agencies, subject to the provisions of the Statistics Act 1975. Integrated data is used for the production of official statistics, to inform policy advice to government and for research purposes.

In handling data supplied by you on this form, the government agencies are required to comply with the provisions of the Privacy Act 1993.

When required by law, NZSATCM releases information to government agencies such as the New Zealand Police, Department of Justice, Ministry of Social Development, and the Accident Compensation Corporation (ACC). Information collected on this form may be supplied to other educational organisations for the purpose of verifying academic records.

**Fees** – In signing this enrolment form you undertake to pay all fees as they become due, and to meet any late fees and collection charges associated with debt recovery. NZSATCM’s policy on withdrawal and refund of fees may be obtained from the Enrolments Officer.

**Rules** – In signing this enrolment form you undertake to comply with the published rules and policies of NZSATCM with regard to attendance, academic integrity and progress, conduct and use of information systems.

**Declaration** – I declare that to the best of my knowledge all the information supplied on, and with, this enrolment form is true and complete, I agree to abide by the conditions described above, and I consent to the disclosure of personal information as described above.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Signature Date

➤ **Please make sure that you sign your enrolment form above** ◀

Office Use Only Documentation	Approved	Entered
_____ ____/____/____	_____ ____/____/____	_____ ____/____/____