

**GEOS**

New Zealand

Application Form

PERSONAL DETAILS

Family Name:		Given / First Name:	
I like to be called:		Sex: <input type="checkbox"/> F <input type="checkbox"/> M	
Age:		Date of Birth (D/M/Y):	
Nationality:		Occupation:	
Address in your country:			
Email:	Phone:	Fax:	
What type of visa will you hold: <input type="checkbox"/> Visitor/Tourist <input type="checkbox"/> Student <input type="checkbox"/> Working Holiday <input type="checkbox"/> PR <input type="checkbox"/> Other _____			

COURSE PREFERENCE

(Note: entry to ACE course is subject to a level test)

ACE (Aged Care Education)	Full Time (Intensive)	<input type="checkbox"/>
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MEDICAL INSURANCE

(As of 01 Jan 2004, all students traveling to NZ must arrange insurance)

Are you going to arrange your own Medical/Travel Insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is the insurance policy number and company? _____			
Have you attached a copy of the policy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Would you like the SVC to arrange Medical/Travel Insurance for you?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Please ask the SVC for current insurance prices)			

DECLARATION

(This form must be signed below)

Declaration on behalf of students under 18 years: I have the authority to sign and have read and accept the full set of Terms and Conditions as published on the GEOSNZ website and on the Registration Form. Signature: _____ Date: _____	
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Declaration for students 18 years and over: I am 18 years or above and have read and accept the full set of Terms and Conditions as published on the GEOSNZ website and on the Registrations Form. Signature: _____ Date: _____	
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