

# Risingholme Enrolment Form

Risingholme Community Centre, 22 Cholmondeley Ave, Christchurch 8023

Website: [www.risingholme.org.nz](http://www.risingholme.org.nz) Tel: 332 7359 Fax 332 7357 Email: [info@risingholme.org.nz](mailto:info@risingholme.org.nz)

**A refund is only given when a class does not start.**

<b>Family Name/Surname</b>		<b>First Name:</b>	
<b>Address</b> (include postal code)			
<b>Home Phone</b>		<b>Work Phone</b>	
<b>Email</b>		<b>Date of Birth</b>	

*Please include a stamped self-addressed envelope or email for course confirmation and receipt.*

For statistical purposes only: (Please tick)

Gender		NZ Residency				If you have moved to NZ, what year did you arrive?	ENGLISH LANGUAGE STATUS			
M	F	Yes		No			Native English Speaker		Non Native English Speaker	

AGE in Years									
16-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+

Ethnicity					
NZ European /Pakeha	New Zealand Māori	Pacific Island peoples	Asian	MELAA *	Other

\* MELAA = Middle Eastern, Latin American or African

Highest qualification level (successful completion) (please tick)							
No formal secondary school qualification	14 or more credits at any level	NCEA Level 1 or School Certificate	NCEA Level 2 or 6th Form Certificate	University Entrance	NCEA Level 3 or Bursary or Scholarship	Overseas qualification	Other (specify)

Start date	Course you wish to enrol in	Location	Fee

How did you hear about us? (Please tick)

Brochure	Website	Tutor	Word of Mouth	Newspaper	Previous course	Newsletter	other

## PAYMENT METHOD

Cash At office		Cheque		Inter-net bank		Visa/Master-card	
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Internet banking **03 1598 000 6558 00**. Please add as reference your surname and course.

Expiry Date Credit Card:	Cardholder Name

