Additional Student Information Required By Ministry Of Education

The Privacy Act 1993 protects the information that you give to Health Ed Trust NZ Inc.

Student Name: .....

Facility Name: .....

Gender: Female ☐ Male ☐ (Tick one)

Date of Birth __ __ / __ __ / __ __ __ __ (Compulsory for identification)

Ethnic Group: **(Tick one)**

☐ New Zealand European/European/Pakeha
☐ New Zealand Maori
☐ Samoan
☐ Cook Island Maori
☐ Tongan
☐ Niuean
☐ Other……
☐ Tokelauan
☐ Fijian
☐ Other Pacific Island
☐ Chinese
☐ Indian
☐ Other Asian

Prior Activity (Before current employment): **(Tick one)**

☐ Secondary school student (in NZ)
☐ Unemployed or other beneficiary
☐ Wage or salary worker
☐ Self-employed
☐ House-person or retired
☐ Overseas
☐ Other: .....

Student Declaration

I hereby declare that the information I have given on this form is true and correct.

Signed…….. Date: .....