

# FILM BOOTCAMP



2017  
STUDENT  
APPLICATION FORM



When filling in this form, print clearly in English using **CAPITAL LETTERS**

## PERSONAL DETAILS

Enter your full name in this section as shown on your passport or birth certificate.

**International students:**

You should attach a copy or scan of your birth certificate or your personal details page from your passport.

**Family Name**

**Given Name**

**Preferred Given Name**

**Date of Birth**

Day

Month

Year

**Age**

**Gender**

Male

Female

**Ethnicity**

Please indicate which ethnic group(s) you belong to.  
(You may tick up to **three** options)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> NZ European/Pakeha    | <input type="checkbox"/> NZ Māori              | <input type="checkbox"/> Cook Island Māori |
| <input type="checkbox"/> Samoan                | <input type="checkbox"/> Tongan                | <input type="checkbox"/> Niuean            |
| <input type="checkbox"/> Tokelauan             | <input type="checkbox"/> Fijian                | <input type="checkbox"/> African           |
| <input type="checkbox"/> Middle Eastern        | <input type="checkbox"/> Latin American        | <input type="checkbox"/> Filipino          |
| <input type="checkbox"/> Cambodian             | <input type="checkbox"/> Vietnamese            | <input type="checkbox"/> Chinese           |
| <input type="checkbox"/> Indian                | <input type="checkbox"/> Sri Lankan            | <input type="checkbox"/> Japanese          |
| <input type="checkbox"/> Korean                | <input type="checkbox"/> British/Irish         | <input type="checkbox"/> Dutch             |
| <input type="checkbox"/> Greek                 | <input type="checkbox"/> Polish                | <input type="checkbox"/> South Slav        |
| <input type="checkbox"/> Italian               | <input type="checkbox"/> German                | <input type="checkbox"/> Australian        |
| <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> Other Southeast Asian |  |
| <input type="checkbox"/> Other Asian           | <input type="checkbox"/> Other European        | <input type="checkbox"/> Other             |

If 'Other Pacific Peoples', 'Other Southeast Asian', 'Other Asian', 'Other European' or 'Other', please specify in the boxes below.

For international students

**Nationality** (List countries where you hold Citizenship/Residence)

Citizenship

**Passport Number** (Please attach your passport copy)

**Permanent Home Address OR Current New Zealand Address**

Address

  
  


Postal/Zip Code

State/Province

Country

Email Address

Telephone

Country Code | Area Code | Number

Mobile Phone Number

Country Code | Area Code | Number

**Emergency Contact Details:**

Name

Relationship

Address

  
  


Postal/Zip Code

Email Address

Telephone

Country Code | Area Code | Number

Mobile Phone Number

Country Code | Area Code | Number

## APPOINTMENT OF AGENT (if international student)

Are you using an EDENZ Colleges authorised agent to handle your application?

Yes

No

If yes, I authorise EDENZ Colleges to release personal information to the following agent:

## PROPOSED CAMP DATE

Indicate which camp you will be attending

### Date of Camp

24 - 28 April 2017

17 - 21 July 2017

2 - 6 October 2017

## HIGH SCHOOL DETAILS: (if applicable)

School Year

Name of School

Contact Name within School

Email Address of Contact

## SPECIAL CONDITIONS

Please answer each question

If you answered yes, please provide details:

Do you have any physical conditions that may hinder your participation?

Yes  No

Do you have any learning difficulties?

Yes  No

Are you currently on any medication or under a doctor's care?

Yes  No

Have you been hospitalised within the past 12 months?

Yes  No

Do you currently experience or have you had a history of mental or physical illness?

Yes  No

Do you have any allergies?

Yes  No

Do you have a criminal record?

Yes  No

I give permission for EDENZ Staff to administer first aid and accompany my child to the nearest medical facility for treatment if required.

**Student Signature**

**Date**

Day	Month	Year
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**Parent/Legal Guardian's Signature (if student is under 18 years of age)**

**Date**

Day	Month	Year
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## METHOD OF PAYMENT (please tick one)

**Personal Payment** (Invoice will be sent to you)

**Paid through High School** (Invoice will be sent to school)

Total Fee \$

### Pricing

**\$229.00** New Zealand students

**\$490.00** International students

See payment option below

Cash	Can be paid in person from 8:30 am - 5 pm (Mon-Fri) at 85 Airedale Street, Auckland CBD, 1010 NZ
Cheque	Make cheque payable to EDENZ Colleges 2016 Limited, post to 85 Airedale Street, Auckland CBD, 1010 NZ
Direct Credit	EDENZ Colleges 2016 Limited account # 12-3107-0033017-000
Credit Card	Please fill out details below
Name on Credit Card	<input type="text"/>
Type of Credit Card	<input type="checkbox"/> <b>Master Card</b> <input type="checkbox"/> <b>Visa</b> Expiry Date <input type="text"/>
<b>Card Number</b>	<b>Security Code</b>
<input type="text"/> - <input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
Amount \$ <input type="text"/>	

All payments must be paid to the college at least 5 days prior to the commencement of the camp.

Please note: All fees will be refunded in full where camps are over-subscribed or cancelled. The decision to run a camp is based on the student enrolment and therefore withdrawal from the camp jeopardizes the participation of all involved. No refunds will be given after the start of the camp. For a full refund please provide 3 working days' notice before camp start date.

## DISMISSAL POLICY

To ensure your safety and the safety of others, we would like to bring to your attention our policy for dealing with misconduct whilst participating on the week long camp. Please read through this carefully then sign and email or fax this back. A student may be immediately dismissed from EDENZ Colleges at the discretion of EDENZ Colleges Management, at his/her own cost, for any of the following reasons:

*(Please tick the following statements if you understand and agree to the terms.)*

**Disregard for rules**

Disregard for the rules of EDENZ Colleges stated in the student handbook, including noise which disrupts other residents at unreasonable times, physical damage to property, failure to comply with reasonable directions of the College staff, physical and verbal abuse of staff or other residents.

**Illegal drugs and alcohol**

Any person/s found in possession of or under the influence of illegal drugs or alcohol will be asked to leave EDENZ Colleges premises immediately.

**Intimidation**

Any person/s that intimidates, sexually assaults or harasses another person during the camp or on any College vehicle will be dismissed and further action may be taken to involve the police if deemed necessary.

**Leaving College premises**

Any person/s that is found to have left/leaving the site without gaining full permission from their supervising teacher or College staff during or after class hours will be dismissed.

*\*Note this will be required prior to camp arrival, failure to send this back may result in your placement being cancelled. If you would like a copy of the student handbook please email us directly.*

I consent to receive future correspondence regarding EDENZ Colleges.  Yes  No

I have read, understand and will adhere to the student handbook and health and safety guidelines. I understand that failure to comply with the rules may be dangerous to my health and safety and that I may be removed from the premises immediately for any failures or deviations in compliance. I declare that to the best of my knowledge, all of the information supplied on and with this enrolment form, including the requested documentation is true and complete. I consent to the disclosure of personal information where necessary as per the Privacy Act. I agree to abide to all instructions and directions from time to time to be given to me by or on behalf of any person acting for and on behalf of EDENZ Colleges. I consent to my work being used in any marketing and promotional work that EDENZ College may take part in.

**Student Signature**

**Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

**Parent/Legal Guardian's Signature (if student is under 18 years of age)**

**Date**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

**PHOTOGRAPHY RELEASE** for those aged under 18 years

I hereby authorise EDENZ Colleges, hereafter referred to as "Company," to publish photographs taken at Animation Camp or Gaming Camp of my minor child or children listed below, and their names and likenesses, for use in EDENZ Colleges' print, online (including Facebook) and video-based marketing materials, as well as other Company publications.

I hereby release and hold harmless EDENZ Colleges, from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorise EDENZ Colleges, to use their likenesses and names.

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release EDENZ Colleges, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

**Authorisation**

Printed Name	<input type="text"/>
Relationship to Children	<input type="text"/>
Address	Signature
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Postal/Zip Code	Date
	Day   Month   Year

**Names and Ages of Minor Children**

Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>
Name	<input type="text"/>	Age	<input type="text"/>

**Please return this form with original signature to:**

**Mailing Address:**

P. O. Box 10-222 Dominion Road, Auckland 1446, New Zealand

**Email Address:**

edenz@edenz.ac.nz

**Website:**

nzfilmacademy.com or edenz.ac.nz

