



# smart•newtown

## STUDENT ENROLMENT FORM

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Day) \_\_\_\_\_

(Eve) \_\_\_\_\_

Suburb: \_\_\_\_\_

(Mob) \_\_\_\_\_

Town/City: \_\_\_\_\_

Email: \_\_\_\_\_

*(for our statistical purposes only)*

| Age Group                                   | Ethnic Identity                               | Languages you speak   |
|---|---|---|
| <input type="checkbox"/> Under 18 years*    | <input type="checkbox"/> Māori                | 1)  |
| <input type="checkbox"/> 18-24 years        | <input type="checkbox"/> Pakeha/NZ European   | 2)  |
| <input type="checkbox"/> 25-29 years        | <input type="checkbox"/> Pacific              | 3)  |
| <input type="checkbox"/> 30-39 years        | <input type="checkbox"/> Other (Please State) | 4)  |
| <input type="checkbox"/> 40-49 years        | <input type="checkbox"/>                      | 5)  |
| <input type="checkbox"/> 50-59 years        |   | 6)  |
| <input type="checkbox"/> 60 years and over  |   | 7)  |
| <b>Gender:</b>                              |   | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Do you have access to a computer at home?   |   | <input type="checkbox"/> Yes <input type="checkbox"/> No      |
| Do you have access to the internet at home? |   | <input type="checkbox"/> Yes <input type="checkbox"/> No      |

Please advise us of any health or learning requirements you may have that you wish us to be aware of. We will endeavour to accommodate these to the best of our ability.

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### Which Course/s are you interested in?

- Introduction to Computers [For those who have little or no experience with computers]
- Office Application Fundamentals [Intro to Work Processing, Spreadsheets and Power Point]

### USER AGREEMENT

- I understand that the misuse of all equipment provided could lead to legal action against me
- I have read and agree to abide by the house rules (printed and displayed by the log book).
- I am aware that breaching the house rules may result in the immediate withdrawal of my enrolment and I may not longer be permitted to use Smart Newtown equipment.
- I agree to cooperate in research studies to be conducted by the Wellington City Council approved researchers.

Student's Signature: \_\_\_\_\_