

Adult & Community Education (ACE)

Enrolment Form

First name	Last name
Address	
Phone (home)	E-mail
Phone (work)	Mobile

Statistical information

The following statistical information helps us to monitor who uses our courses.
Please circle the correct options below:

Gender Male Female

Age group 16-19 20-29 30-39 40-49 50-59 60 +

Ethnicity NZ European Maori Pacific Nations Asian Other

Residency New Zealand Resident Non Resident

Course Code	Start Date	Course Title	Cost
Total			

Payment method Cash Eftpos Cheque Visa Mastercard
(circle)

Credit card number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Cardholder's name

Expiry date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Help us to plan the best programme for you

How did you learn about our courses?

Are you a new student? Yes / No

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Brochure	<input type="checkbox"/> Word of mouth	<input type="checkbox"/> Other
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Why do you want to learn? Please tick all that apply to you.

<input type="checkbox"/> To get a better job	<input type="checkbox"/> To increase my skills	<input type="checkbox"/> To start a new hobby
<input type="checkbox"/> To meet new people	<input type="checkbox"/> To be more confident	<input type="checkbox"/> To be healthier / fitter
<input type="checkbox"/> To improve my business	<input type="checkbox"/> To keep myself busy	<input type="checkbox"/> To learn something new
Another reason?		

What is the best time for you to attend courses or activities?

What activities would you like us to include in future programmes?