

ITENZ Membership Application Form

Please tick: Renewal New Affiliate Membership

Organisation legal name:

Organisation trading name: (if different from above)

NZQA (EDUMIS) number: _____ Year Established: _____ Category: _____

Main Contact Person:

Title: _____ First Name: _____ Surname: _____

Postal address of Organisation: _____

_____ Post Code: _____

Street Address of Organisation: _____

_____ Post Code: _____

Phone: (____) _____ Mobile: _____

Email: _____

Website: _____

Secondary Contact Person:

Title: _____ First Name: _____ Surname: _____

Phone: (____) _____ Mobile: _____

Email: _____

Subsidiary Companies:(where applicable) _____

Address of further campuses: (use separate sheet if necessary)

No. of equivalent full time students (EFTS) in the previous year:

Domestic: *(this includes funded and on-funded)* _____

International: _____

Affiliation with any ITOs? Please list _____

No. of full time equivalent (FTE) employees:

Main programmes offered: (Use separate sheet if necessary) _____

Levels offered: _____

Funding: (if applicable)

Funding stream (i.e. YG/ SAC 3+) _____ EFTS: _____

Funding stream _____ EFTS: _____

1. **I agree** to abide by the ITENZ Code of Ethics.
2. **I agree** to provide in a timely manner non-commercially sensitive statistical information and feedback as requested by the National Office for.
 - a. Sector research data used for enhancing the role and continued participation of PTEs in the tertiary education sector to the Government and Government agencies
 - b. Information that may be used to form the basis of various submissions, construct arguments or find compliance solutions in answer to Government strategies, papers, Acts, reports etc
 - c. Appropriate case studies of experience of PTE issues where relevant
3. **I approve** the release of my contact details to the members to assist in networking of the membership and communication of the group.
4. **I agree** to receiving by E-Mail, the Newsletter, and periodic communications from ITENZ.

Signature: _____

Full Name: _____

Date: _____

Please send completed form and signed Code of Ethics form to admin@itenz.co.nz