



## ITENZ Membership Application Form

Please circle:    Full membership            Affiliate membership            Provisional membership

Organisation legal name:

\_\_\_\_\_

Organisation trading name: (if different from above)

\_\_\_\_\_

NZQA (EDUMIS) number: \_\_\_\_\_ Year Established: \_\_\_\_\_ EER Category: \_\_\_\_\_

Postal address of Organisation: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Street Address of Organisation: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Website: \_\_\_\_\_

Main Contact Person: Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Secondary Contact Person: Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Location of additional campuses:

\_\_\_\_\_

\_\_\_\_\_

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

Domestic: (this includes funded and non-funded) \_\_\_\_\_

International: \_\_\_\_\_

Affiliations 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 email, 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](mailto:admin@itenz.co.nz)