



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: _____

What are your main reasons for wanting to join ITENZ? _____

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