

# Playcentre Education

## Re-Enrolment Form



This re-enrolment form is for those who have already completed the full A3 size Playcentre Education enrolment form for a course beyond course one and now wish to begin work on a subsequent course or further modules from Course 3, 4, 5 or 6 of the Playcentre Diploma in Early Childhood & Adult Education

<b>PERSONAL DETAILS</b>	Name:	
	Home Address and Contact details: (include Postal Code)	Postal Address: (if different from home address)
	Phone:	Mobile:
	Email:	
	Association:	Your Playcentre:
Date of Birth:	Playcentre Education ID (if known):	
<b>COURSES</b>	Please circle the Playcentre Diploma Course you wish to start work on: COURSE 3 or 4 or 5 or 6 You may identify any or all of the module/s within your chosen course that you wish to work on: MODULES (Name or number)	
	Will you be seeking Credit or RPL (recognition of prior learning) for some of the requirements of this course or module? <i>If seeking credit obtain an rpl application form from your local Association who will process your request.</i>	
Do you live with the effects of significant injury, long term illness, or disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, do you need any assistance with your study. You may specify any special learning needs below or indicate that you would like to be contacted to discuss this. <b>This information is voluntary and confidential.</b>  First Language (if assistance with English would be helpful) :		

Collection of this information is required by the Tertiary Education Commission for anyone enrolling in a programme receiving tertiary funding. It will be stored securely in the Association files and access limited to Association and Playcentre Education personnel for the purpose of administering the training programme or confirming centre licensing qualifications only. It may also be released to NZQA, MOE or TEC personnel upon request during audit processes. Trainees may request a copy of their personal training record at any time. (Privacy Act, 1993).

**Declaration** I acknowledge that I have seen the code of conduct for participants in the education programme and agree to comply with it and I consent to the disclosure of personal information as described in the privacy statement above. In signing this form I declare that I am the legitimate owner of the identity on this re-enrolment.

Signed \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Send the completed form to your Association Education Team

ASSOCIATION OFFICE USE		
Pre-requisite met/Enrolment Approved Course/module _____ Date Completed ____/____/____	Identity confirmed/Enrolment Acknowledged by Assn  Any rpl info is attached	Activated for funding(1 assessment submitted) Module number/s _____ Date assessment submitted ____/____/____
PLAYCENTRE EDUCATION SMS ADMINISTRATOR/TEFM USE		
Entered by _____ ____/____/____ PEd ID	Log number _____	SMS Entry