

For Office Use Only:

S/D:



*The best choice in golf education!*

IGQ Golf College

## International Application Form

### WHEN COMPLETED

Please send this form and a copy of your passport to:

**IGQ Golf College**  
PO Box 8868  
Christchurch 8440  
New Zealand

**To be completed in English.**

ph: **+64 3 359 0303**  
Fax: **+64 3 359 0304**  
Email: **golf@igqgolfcollege.com**

### PERSONAL DETAILS

Family Name (Surname)  Given Name (First name)

Date of Birth    Height  cm Weight  kg Gender  Male  Female  
Day Month Year

Passport Number  Expiry Date    Issuing Country   
Day Month Year

Home Address (in your country)

Email  Fax

Telephone  Mobile

Address (in NZ)

Email  Fax

Telephone  Mobile

Who should we contact in an emergency?  
(If you are under 18, please include guardian details, if different from above.)

Name  Relationship

Address

Email  Fax

Telephone  Mobile

### EDUCATION DETAILS

Highest qualification  School  Year

How long have you studied English (if it is not your native language)?  Years  Months

Where did you study English?  Secondary school  University/institute/college  private language school

## GOLF EXPERIENCE

How long have you played golf?  Years  Months

Name of your home golf club and country

Golf handicap

Name of coach

Golf achievements

## COURSE REQUIRED

New Zealand Diploma in Sport, Recreation and Exercise (Multi Sector) Level 5 ( )

NZ Certificate in Sport, Recreation and Exercise (Multi Sector) Level 4( )

4~12-week Golf Beginner Programme (GBPx), Number of weeks ( )

4~12-week Golf Intensive Programme (GIPx), Number of weeks( )

Expected start date( )

## ACCOMMODATION

Do you require us to make homestay (minimum stay 4 weeks) arrangements for you?  Yes  No

(Homestay provides an excellent opportunity for you to practise your English and get to know New Zealand culture).

If yes, please complete the homestay details below.

Please tick (✓) as many boxed as you like:

Family with:  Young children  Teenage children  No Children  Pets  doesn't matter

Expected date of arrival

Flight no./arrival time (if known)

## COMPULSORY HEALTH & TRAVEL INSURANCE

The ministry of Education has published the Code of Practice for the Pastoral Care of International Students and requires all international students to have comprehensive health and travel insurance. We can arrange insurance for the period of your enrolment. If you have not supplied proof of insurance by the start date of your course, IGQ will take out an insurance policy on your behalf, from our preferred provider. You will be required to meet the costs of this policy.

Do you want us to arrange insurance for you?  Yes  No **If NO, then go to (\*) below**

When do you want to start your insurance OR  
When do you expect to leave your home country?

Length (if any)

## PROFICIENCY & SUITABILITY ASSESSMENT:

## DECLARATION

I am aware of the Code of Practice Summary and have read and accept the conditions of enrolment. The conditions of enrolment can be viewed at [www.igqgolfcollege.com](http://www.igqgolfcollege.com)

Signed

(the student)

Date

Signed

(the guardian-for students under 18 years of age)

Date

Consultant's Stamp

