For Office Use Only:					
S/ID:					



## 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)				
Data of Divide					
Date of Birth	Height cm Weight kg Gender Male Female				
	Number Expiry Date Issuing Country				
Passport					
	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				
Γ					
Address [					
L					
Email	Fax				
Telephone	Mobile				
EDUCATION DETAILS					
Highest qualification School Year					
How long have yo	How long have you studied English (if it is not your native language)?  Years  Months				
Where did you stu	udy English? Secondary school University/institute/college private language school				

GOLF EXPERIENCE					
How long have	you played golf? Years	Mon	nths		
Name of your home golf club and country					
Golf handicap Name of coach					
Golf achieveme	nts				
COURSE RE	QUIRED				
Certificate in	Golf Development (CGD2)		Certificate in Tournament Golf – Intermediate (CTG3)		
Certificate in	Tournament Golf – Advanced (CTG4)		Diploma in Golf Coaching (DGC5)		
Diploma in To	ournament Golf (DTG5)				
4~12-week G	Golf Beginner Programme (GBPx), Number of weeks		Golf Tour Programme (GTPx). Number of weeks		
4~12-week G	Golf Intensive Programme (GIPx), Number of weeks		Expected start date		
ACCOMMOD	PATION				
Do you require	us to make homestay (minimum stay 4 weeks) arr	angements	for you? Yes No		
(Homestay provi	des an excellent opportunity for you to practise your E	English and g	get to know New Zealand culture).		
	mplete the homestay details below. s many boxed as you like:  Young children  Teenage children	□No Ch	nildren Pets doesn't matter		
Expected date o			nt no./arrival time (if known)		
Expedied date of	i allivai	ı ilgi	it no./amvar time (ii known)		
COMPULSO	RY 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 vou want us to	o arrange insurance for you? Yes I	No	If NO, then go to (*) below		
	nt to start your insurance OR	1	Length (if any)		
	ect to leave your home country?				
Day Month Year					
PROFICIENCY & SUITABILITY ASSESSMENT:					
DECLARATION Consultant's Stamp					
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					
Signed	(the student)	Date			
Signed	(the guardian-for students under 18 years of age)	Date			