

Centre Statement of Student Support

NZTC confirms that all lecturers supporting NZTC students are employees of NZTC and are fully New Zealand registered teachers.



Centre manager to complete.

Student ID *(if known)*:

Student name:

Centre details

Centre name:

Name of centre owner:

Centre street address:

Centre postal address:

(if different from above)

Centre phone:

MoE number:

Centre email:

Centre opening hours:

Date students starting
at centre:

Tick here if this a holiday centre

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Declaration

- I understand the study requirements of the students chosen program and mode of study at New Zealand Tertiary College
- I am prepared to assist the student to complete their study requirements in this centre. I am prepared to enable the student to attend any required classes, field practice and block courses as outlined in the student's chosen mode of study

Signature of Centre owner/
centre manager:

Date:

Wait! Before returning this form, please check that you have:

Completed all sections of the form

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Signed and dated this form

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Should you have any queries, please phone New Zealand Tertiary College on +64 9 520 4000

If you are an NZTC Applicant then please return via email: **admissions@nztertiarycollege.ac.nz**

If you are a current NZTC student then please return via email: **admin@nztertiarycollege.ac.nz**

New Zealand Tertiary College office use only:

Centre approval:

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Centre email address:

Name of staff member:

Date: