

# Service Statement of Student Support



Student name:

## Service details

Name:

Type:

Name of service manager:

Street address:

  

Postal address:

*(If different from above)*

  

Phone:

Fax:

eMail:

## Declaration

- I have read the New Zealand Tertiary College prospectus and understand the study requirements of the student's chosen program and mode of study at New Zealand Tertiary College
- I am prepared to enable the completion of the student's required number of field experience hours (program dependent), and agree to sign to the completion of these hours
- I am prepared for the student to be visited by a New Zealand Tertiary College Lecturer/Assessor to conduct a field experience assessment, at a time mutually agreed upon between the student and Lecturer/Assessor

Signature of service manager:

Date:

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

- Read the New Zealand Tertiary College website ([www.nztertiarycollege.ac.nz](http://www.nztertiarycollege.ac.nz))
- Completed all sections of the form
- Signed and dated this form

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

Please return via: **Scan and eMail: [enrolments@nztertiarycollege.ac.nz](mailto:enrolments@nztertiarycollege.ac.nz)**

**Fax: 09 520 4020**

or post to: **Auckland Campus**  
New Zealand Tertiary College  
PO Box 17143  
Greenlane, Auckland 1546

**Christchurch Campus**  
New Zealand Tertiary College  
PO Box 5561  
Papanui, Christchurch 8542

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**New Zealand Tertiary College office use only:**

- Service approval
- Service eMail address

Name of staff member:

Date: