



## Enrolled Nursing Pre-Enrolment Questionnaire

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Please complete this questionnaire to help us assess your suitability for the Diploma in Enrolled Nursing (Level 5) programme at Healthcare Academy of New Zealand.

This information allows our Enrolment team to support your application efficiently and determine your eligibility for progression to the next stage.

### Section 1 – Applicant Details

Full Name

Date of Birth

Email Address

Phone Number

### Section 2 – Academic Entry Requirements

1. Which statement best describes you?

I meet NCEA Level 2 (minimum 80 credits including required English and Mathematics)

I have completed NZQA Level 4 or higher study within the past five years

I do not currently meet the academic requirements

2. Can you provide verified academic evidence (NZQA Record of Achievement or verified transcripts)?

Yes

No

### Section 3 – English Language Requirements

1. Is English your first language?

Yes

No

2. If English is not your first language, do you hold Academic IELTS 6.5 (no band lower than 6.5) or equivalent?

Yes

No

3. Are your IELTS results from one test sitting?

Yes            No

4. Was your IELTS test taken within the last two years?

Yes            No

#### **Section 4 – Required Documents & Commitments**

1. Do you hold a current First Aid Certificate?

Yes            No

2. If not, can you obtain one before the programme begins?

Yes            No

3. Can you provide two character references (not friends or relatives)?

Yes            No

4. Do you agree to New Zealand Police Vetting?

Yes            No

#### **Section 5 – Health & Medical Declaration**

1. Do you have any current or long-term physical health conditions that may affect safe clinical practice?

Yes            No

2. If yes, please provide details.

3. Do you have any mental health condition that may affect study or clinical practice?

Yes            No

4. If yes, please provide details.

5. Do you receive ongoing medical treatment from a health practitioner?

Yes            No

6. If yes, please provide details.

7. Have you experienced a major illness in the past five years?

Yes            No

8. If yes, please provide details.

9. Do you have any learning support needs or conditions that may require study support?

Yes            No

10. If yes, please provide details.

### **Section 6 – Immunisation & Screening Acknowledgement**

Please confirm you understand you are required to have and may need to provide evidence of the following:

Hepatitis B vaccination / immunity

MMR (Measles, Mumps, Rubella) vaccination

Varicella (Chicken Pox) immunity

Tuberculosis (TB) screening

MRSA screening

Willingness to undergo health screening required for clinical placement (I understand I am required to provide an updated Immunisation record)

## Section 6 – Immunisation & Screening Acknowledgement

1. Have you ever been convicted of an offence (excluding minor traffic infringements)?

Yes

No

2. If yes, please provide details.

3. Have you ever been refused enrolment by a tertiary provider?

Yes

No

4. If yes, please provide details.

5. Have you previously been enrolled in a nursing programme in New Zealand or overseas?

Yes

No

6. If yes, please provide details.

**I understand that, as part of the enrolment process for the Diploma in Enrolled Nursing (Level 5), I will be required to undergo a New Zealand Police Vetting check.**

Yes                  No

### **Section 8 – Personal Statement**

Please fill out the **Yoobee Colleges Statement of Intent form** which outlines why you want to become an Enrolled Nurse, and what qualities, experience, or motivations will support your success in this programme.

**This needs to be 200-300 words.**

### **Section 9 – Final Declaration**

1. I confirm the information provided is true and correct.

Yes                  No

2. I understand that providing false or misleading information may result in my application being declined.

Yes                  No

3. I understand that my application will be reviewed and an interview with the Head of Nursing will be set only upon completion of the above requirements.

Yes                  No

4. I understand and agree that information relevant to my placement and Police vetting may be shared with approved third parties, including placement providers, employers, and regulatory or compliance bodies, where required to support the completion of my qualification or to meet legal and institutional obligations.

Yes                  No

Signed

Date