

Distance Test Declaration Form



Applicant full name:

Student ID:

The nominated test supervisor is: *(tick one)*

The test supervisor is not required to attend the testing. Please note a family member cannot be nominated as a test supervisor.

Associate teacher

Centre supervisor

School teacher/counselor

Solicitor

Doctor

Business owner

Family friend or colleague *(please state profession)*

Test supervisor's full name is:

Test supervisor's email address: *(NZTC may contact you for further information)*

Test conditions

The following conditions need to be strictly adhered to:

- the applicant needs to set themselves up with a desk and chair in a room without distractions
- it is strictly forbidden for the applicant to use a calculator or other means of assistance when completing the tests
- all testing must be completed within the allocated time frame
- the test content needs to remain confidential, and is not to be replicated, duplicated or discussed
- the test supervisor must ensure the applicant understands these conditions prior to testing

Declaration

In signing this declaration, the applicant and the test supervisor declare that:

- the test conditions have been read and understood
- all information provided is true and accurate

Applicant signature:

Test supervisor signature:

Date:

For domestic students, please return via email to **admissions@nztc.nz**

For international students, please return via email to **admissions@up.education**

Your NZTC student ID should be the reference in the email subject line. It can be found in your welcome email or offer letter.