

## APPLICANT PERMISSION FORM

By completing this form, I authorise Nelson Marlborough Institute of Technology (NMIT) to share my personal information (as stated below) and share my results with Department of Conservation (DOC) and the sponsor who paid my fees.

<b>Name</b>	
<b>Email</b>	
<b>Daytime Contact Phone Number</b>	
<b>Home Address</b>	
<b>If you identify as Māori, what is the name of your Iwi?</b>	

<b>Student Signature</b>	
<b>Date</b>	
<b>Parent/guardian (if student is under 18)</b>	
<b>Signature</b>	
<b>Date</b>	

<b>DOC Sponsorship</b>	
Complete details below if your place on this course is being sponsored by a DOC staff member	
<b>Name of DOC Ranger</b>	
<b>Area of DOC Office</b>	

<b>Full Names (s) of Third Party or Parties</b>	
<b>Parent or guardian (if applicable)</b>	
<b>If you are affiliated with a community group, please identify</b>	
<b>Other</b>	

Please upload this document via MyNMIT or email to [enrolments@nmit.ac.nz](mailto:enrolments@nmit.ac.nz).