

Course ID: _____



Home Ownership Education Programme

Enrolment Form

Your contact details (please print):

First Name: _____

Last Name: _____

Date of Birth: _____

Postal Address: _____

Home Address: _____

(if different from
postal address)

Contact Phone No: _____

Mobile Phone No: _____

Emergency Contact No. _____

E-mail Address: _____

The information in this form is intended to help Housing New Zealand Corporation and your course provider provide the best service we can. It will also help us assess how well the Home Ownership Education Programme is working – and how we can make it better.

Please read and sign the Privacy Statement on the next page before completing this form.

Privacy Statement

1. The information collected from you in this survey will be held by Housing New Zealand Corporation and your course provider. If you have any questions please contact Housing New Zealand on 0800 801 601 or visit your local Housing New Zealand neighbourhood unit, the address for which is listed in your local phone book.
2. The information you provide in this form is required for the purposes of:
 - registering your attendance at a Home Ownership Education course;
 - providing home ownership advisory services;
 - compiling data about course participants and undertaking research;
 - enabling Housing New Zealand to offer you other services, information and opportunities.
3. Housing New Zealand may give your personal information to:
 - contractors engaged by Housing New Zealand for the purpose of undertaking research about home ownership courses;
 - authorised groups outside of Housing New Zealand to review HNZC's standards of service.
4. Housing New Zealand will undertake an evaluation of the Home Ownership Education Programme to assess its effectiveness in helping people to become home owners. As part of the evaluation, Housing New Zealand wants to interview a sample of people who have completed a home ownership course to find out how useful the course has been for them. Your contact details may be used for this purpose.
5. Under the Privacy Act 1993, you have the right to request access to all the information held about yourself and to request corrections to that information.

Signing and authorising

I have read the Privacy Statement. I understand that by signing below I am authorising Housing New Zealand and my course provider to collect, hold and disclose information as described in this Privacy Statement.

Signed: _____

Date: _____

Q1 If you have a spouse or partner, are they attending the course with you?

- Yes
 No

Q2 Are you male or female?

- Male
 Female

Q3 What ethnic groups do you belong to?

- | | | | |
|--------------------|--------------------------|--|--------------------------|
| NZ European/Pakeha | <input type="checkbox"/> | Cook Island Maori | <input type="checkbox"/> |
| Maori | <input type="checkbox"/> | Tongan | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Samoan | <input type="checkbox"/> | Other (<i>such as Dutch, Japanese</i>) | <input type="checkbox"/> |
| Niuean | <input type="checkbox"/> | Tokelauan - <i>please specify</i> | <input type="checkbox"/> |

Q4 If you are Maori, which iwi do you affiliate with? _____

Q5 How many adults (aged 16+) live in your home? _____

Q6 How many children (aged 0 -15 years) live in your home? _____

Q7 How many bedrooms does your home have? _____

Q8 What is your current housing situation?

- | | | | |
|----------------------------|--------------------------|---------------------------------|--------------------------|
| Housing New Zealand Tenant | <input type="checkbox"/> | Flatting | <input type="checkbox"/> |
| Renting Privately | <input type="checkbox"/> | Living with family/friends | <input type="checkbox"/> |
| Home Owner | <input type="checkbox"/> | Other (<i>please specify</i>) | <input type="checkbox"/> |

Q9 What is your main source of income? (*Please select one only*)

- In full-time paid employment (including self-employed)
 In part-time paid employment (including self-employed)
 Student Allowances
 Benefit (all types)
 None

Q10 How much income do you and your partner (if applicable) normally receive annually?
 (**Income can be from wages, salary, accommodation supplement, family support, ACC, etc).*)

- \$0 - \$10,000
 \$10,001 - \$20,000
 \$20,001 - \$30,000
 \$30,001 - \$40,000
 \$40,001 - \$50,000
 \$50,001 - \$60,000
 Between \$60,001 - \$100,000

Q11 How much do you pay for accommodation (rent/mortgage) each week?

- \$0 - \$99
- \$100 - \$199
- \$200 - \$299
- \$300 - \$399
- \$400 - \$499
- \$500 +

Q12 Approximately how much debt do you and your partner (if applicable) currently owe?
(Please do not include any mortgage debt. Includes HP, credit cards, loans, overdue rent, etc).

- \$0 - \$10,000
- \$10,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- \$50,001 - \$60,000
- Between \$60,001 - \$100,000

Q13 Do you have any money saved?

- Yes
- No

Q14 What is the main thing you want to achieve from this course? *(Please select one only)*

- | | | | |
|-------------------------|--------------------------|------------------------|--------------------------------|
| Home Ownership | <input type="checkbox"/> | Budget Advice | <input type="checkbox"/> |
| Long term goal planning | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Support | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> _____ |

Q15 If you have tried to purchase a house and have not been successful, what has stopped you?
(Please select one only). If not applicable, go to Question 16.

- | | | | |
|---------------------------|--------------------------|------------------------|--------------------------------|
| Cannot save for a deposit | <input type="checkbox"/> | Affordability | <input type="checkbox"/> |
| Cannot get a loan | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> _____ |
| Not interested | <input type="checkbox"/> | | |

Q16 Where did you hear about this course?

- | | | | |
|---------------------------------|--------------------------|------------------------|--------------------------------|
| Housing New Zealand Corporation | <input type="checkbox"/> | Family/Friend | <input type="checkbox"/> |
| Radio | <input type="checkbox"/> | Newspaper | <input type="checkbox"/> |
| Internet | <input type="checkbox"/> | Other (please specify) | <input type="checkbox"/> _____ |

***Thank you for your time.
 We hope you enjoy the course.***