

Application Form









For more information, or to enrol, call us on NZ freephone 0800 441 114 or visit www.qrc.ac.nz

Tel: +64 3 409 0500 Email: info@qrc.ac.nz

f QRCTaiTokerau @QRCTaiTokerau





Experience QRC

Deciding your future is one of the most important decisions you will ever make. Experience QRC welcomes students from all around New Zealand to QRC Tai Tokerau campus. Come and join us for two days and experience what QRC is all about.

Meet our academic staff, tour QRC facilities and experience the best that the Bay of Islands has to offer. Do not miss this amazing opportunity to see what really sets QRC Tai Tokerau apart.



Coming to Experience
QRC was one of the best
decisions I've ever made.
It confirmed I had made
the right decision about
my future career path and
where I wanted to study.

Hillcrest High School Student

Who?

Prospective students interested in a career in Tourism and Hospitality.

Ex

When?

- 20 21 April 2021
- 13 14 July 2021
- 5 6 October 2021
- 12 13 October 2021

How?

Complete the Experience QRC Application Form and email to Info@grc.ec.nz or visit www.grc.ec.nz/apply-EQRC to apply online.

What?

- Find out about QRC's Hospitality Management Diploma, Tourism and Hospitality Certificates
- Tour our Tai Tokerau campus, halls of residence, culinary kitchen, meet the staff and talk to current students
- Learn about the different career opportunities available within the tourism and hospitality industry
- Visit leading hotel and tourism operations with behind the scenes access and learn from respected industry professionals

Cost \$50, includes accommodation, food and activities.

perience	QRC App	lication I	Form 202	1
applying for:	20 - 21 April	■ 13 - 14 July	5 - 6 October	12-1
ne:				

(please tick one)	20 - 21 April	■ 13 - 14 Ju	ly 5 - 6	6 Octobe	r = 12 - 13 Oct	ober		
Name:								
Gender: Male	Female							
Postal Address:								
Post Code:		Date of	Date of Birth: Day Month Year					
Mobile:		Telepho	Telephone:					
Email:								
Name of School:				Year:				
Interested in:	■ Hospitality	Tourism	Operations	Hosp	itality Service			
School References: (to be completed b	y your Teacl	ner or Care	ers Advis	or)			
Why would you recom	mend this student	for Experie	nce QRC?					
Teacher's Name:		Departn	Department:					
Signature:		Date:		Day	Month Year			
School authorisation to be invoiced:		Yes			No			
Email for invoice:		·						
Experience QRC costs night at the halls of res				accomm	odation for one)		
Payment Method:	■ Bank Transfer		s	School Invoice				
Bank details for direct Account Name: Queer Please use student's n	nstown Resort Co		ınt Number:	06-0949	9-0254875-000)		
Declaration: I declare	all supplied inform	nation is true	and correc	t:				
Applicant Signature:			Da	te:				
Parent/Guardian Signature:								

(if applicant is under 18 years at time of application)

Date: