

Form B

NEW ZEALAND RESIDENT PACIFIC ORIGINS SUB CATEGORY

Applicant Name _____

Online No _____

Bachelor of Dental Technology

Bachelor of Oral Health

ISLAND OF HERITAGE /ORIGIN

ENDORSEMENT

This endorsement should be completed by a leader of a Pacific Island Community Group.

I endorse this application because: _____

Endorser (please print name): _____

Endorser's Signature: _____ Date: _____

Endorser's Designation: _____

Please ensure a certified copy of your birth certificate is attached.

Please turn over

