

A. Employer information (Complete all fields)

Company name (full)	<input type="text"/>	Trading as (if applicable)	<input type="text"/>
Postal address	<input type="text"/>		
Street address	<input type="text"/>	Suburb	<input type="text"/>
		City/Town	<input type="text"/>
Main contact Name	<input type="text"/>	Mobile	<input type="text"/>
		Email	<input type="text"/>

B. Trainee information (Complete all fields)

State your **full legal name** as it appears on your birth certificate or passport

First name	<input type="text"/>	Middle name	<input type="text"/>
Surname	<input type="text"/>	Preferred name	<input type="text"/>

If you have changed your name by marriage, civil union, deed poll, or statutory declaration, you may be registered with The New Zealand Qualifications Authority under your previous name. Please state your previous name(s) and attach verified documents.

Previous full legal name(s)

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Gender Diverse <input type="checkbox"/>	Ethnicity	<input type="text"/>
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Date of birth:	<input type="text"/>	NZQA or NSN number (if known)	<input type="text"/>
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If under 16 at the time of signing supply a MOE Exemption number

Street address	<input type="text"/>	Suburb	<input type="text"/>	City/Town	<input type="text"/>
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Home phone	<input type="text"/>	Mobile	<input type="text"/>
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Main contact number	<input type="text"/>	Email	<input type="text"/>
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Residency/Citizenship NZ Citizen NZ Permanent Resident Australian Citizen Overseas

Please attach a copy of trainee Drivers Licence, Passport or Birth Certificate as ID with this Enrolment.

C. Industry

Indicate (✓) which industry you are enrolling for a Limited/Casual Credit.

- Cranes
 Elevated Work Platforms
 Civil Defence
 Assessor Course
 The Warehouse Red Shirts

D. Declaration Trainee, employer AND Assessor to sign

Signed by the Trainee

The Trainee authorises The Skills Organisation and its agents to collect, hold and distribute information (in accordance with the Privacy Act 1993) relevant to this Enrolment. Information may be distributed to the New Zealand Qualifications Authority, Tertiary Education Commission, and if required, regulatory bodies and training providers and others parties to this Agreement.

Trainee signature	<input type="text"/>	Date	<input type="text"/>
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Signed for and on behalf of the Employer

The Employer authorises The Skills Organisation and its agents to collect, hold and distribute information (in accordance with the Privacy Act 1993) relevant to this Enrolment. Information may be distributed to the New Zealand Qualifications Authority, Tertiary Education Commission, and if required, regulatory bodies and training providers and others parties to this Agreement.

Main contact name	<input type="text"/>
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Main contact signature	<input type="text"/>	Date	<input type="text"/>
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Signed by the Contract Workplace Assessor

Assessor name	<input type="text"/>	Assessor company	<input type="text"/>
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Assessor signature	<input type="text"/>	Date	<input type="text"/>
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