

Please note:

Proof of Name and Date of Birth is required with each application.
We accept a certified copy of your Birth Certificate or Passport only

A. Personal Information

Trainee Details

Surname:	<input type="text"/>			<small>(Please use your legal name)</small>	
First Name:	<input type="text"/>	Middle Name:	<input type="text"/>		
Home address:	<input type="text"/>				
Date of Birth:	<input type="text"/>	Ethnicity:	<input type="text"/>		
Email:	<input type="text"/>	NSN/NZQA Number:	<input type="text"/>		
Mobile number:	<input type="text"/>	Gender:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Other: <input type="checkbox"/>
Registered Training Workplace: <small>(if currently employed)</small>	<input type="text"/>				

B. Programme

Please select one programme below.

1. Industrial Rope Access

Select	Qualification Number	Qualification Name	Qualification Version	Programme ITO Number
<input type="checkbox"/>	2358	NZC in Industrial Rope Access (Level 3)	1	08890V1-NF-410 Certificate only
<input type="checkbox"/>	2359	NZC in Industrial Rope Access (Level 4)	2	09470V2-NF-410 Certificate only

C. Payment

Credit Card Payment

Go to <http://www.skills.org.nz/payment/> and follow the on-screen process to make a secure online payment.
Total amount to be paid with this application form is \$300 (including GST) per qualification.

Enter following information online

Sales/Invoice Number: "Certificate request"

Customer Name: your full name

Email: your email

Customer ID: your NSN number

Please complete the below once the payment has been made and send this form and ID information to: registrations@skills.org.nz.
Applications without payments made will not be processed.

Total amount paid:	<input type="text"/>	Authorisation code:	<input type="text"/>	Date paid	<input type="text"/>
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D. Declaration

I declare that the particulars given above are correct and authorise the Skills Organisation to collect information from and/or exchange information with the New Zealand Qualifications Authority and/or any Teaching Institute, Government Agency with which I am enrolled.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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