

GOVERNMENT REGULATORY COMPLIANCE QUALIFICATIONS INITIAL ENQUIRY FORM

To complete this form, download it to your computer where you will be able to fill it in electronically. When complete, save it and email it to regcomp@skills.org.nz

Details

Name

Job title

Qualifications that interest you:

Core Knowledge (Level 3)

Operational Knowledge (Level 4)

Operational Practice
(Level 4)

Specialised Operational Practice
(level 5)

Specialist Investigations Practice
(Level 6)

Email

Daytime phone number:

Alternative contact name:
(in case you are unavailable)

Alternative contact email:

Alternative contact phone number:

Reason(s) for interest in these qualifications:

Approximate number of employees that would be enrolled *(provide an estimate)*

Questions you have about the qualifications:

Any further comments:

Preferred method of contact

Date