

Training Agreement

This Training Agreement is a formal agreement between the Employee (Learner), the Employer, and Primary ITO.



Any amendments to sections identified with a pen icon, must have learner, employer and PITO reps initials beside the changes.

Learners - Please complete sections 1-8 inclusive



1. Learner details

(Full legal name as it appears on your birth certificate or passport)

First name: Middle name: Surname:

Preferred name: Previous legal name/maiden name: Date of birth: (DD/MM/YYYY)
/ /

Gender: Male Female Gender diverse

2. Contact and delivery details

Mobile: Work phone: Home phone:

Email:

Preferred contact method: Email Mobile Work Home Mail Text Any

Home Address – must be a New Zealand physical address not a PO box

Number: Street name: RD:

Suburb: City/town: Postcode:

3. Identification* (if new to Primary ITO training)

ID type NZ Birth Certificate issued after 1 January 1998 Passport (must be provided for work visa holders)
Certificate of identity or Citizenship Current NZ photo drivers licence (Copy both sides) NZ Firearms Licence
NSN (if known): MOE exemption number:

4. Residency details

New Zealand citizen New Zealand resident (*please provide a copy of your residency visa and passport)
Australian citizen Work visa holder (*please provide a copy of your passport and latest work visa)

Complete if you hold a work visa

Work visa number: Visa expiry date: (DD/MM/YYYY)
/ / Copy of work visa attached



5. Ethnicity

NZ European NZ Māori Pacific Islander Other – please specify:

If Māori, what is the name of your iwi?

Don't know

6. Education details

I have difficulties learning Yes No English is my second language Yes No

What was the last Secondary School you attended?

New Zealand Secondary School Name:

Last chronological year at school:

OR

Country name if your school was overseas:

Last chronological year at school:

What is your highest Secondary School qualification?

No formal secondary school qualification	NCEA Level 1/ School Certificate	NCEA Level 3/ Bursary scholarship	Overseas qualification (including International Baccalaureate & Cambridge exams)
14 or more credits at any level	NCEA Level 2/ Sixth Form Certificate	University Entrance	

What is your highest post-school School qualification?

No qualification	Level 5 Diploma/Certificate	Bachelor Degree or Level 7 Diploma/Certificate
Level 1 Certificate	Level 6 Diploma/Certificate	or Graduate Diploma/Certificate
Level 2 Certificate	Level 6 Graduate Certificate	Masters' Degree
Level 3 Certificate	Postgraduate Diploma	Doctorate Degree
Level 4 Certificate	University Entrance	Not known



7. Privacy statements

I agree to sharing my email address with Industry Partners for the purpose of further non-formal learning opportunities such as events/workshops etc Yes No

I agree to sharing my record of enrolment and completion with Industry Partners for the purpose of demonstrating involvement in industry training Yes No



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8. Employment details

Employment type

Employee Self-employed Other principal contractor Volunteer (TEC approval required)

Employment status

Full time Part time Seasonal

What were you doing immediately prior to current employment?

Secondary School Student	Self-employed	College of Education Student	House-person
Non-employed/Beneficiary	University Student	Wānanga Student	Retired
Wage or Salary Worker	Polytechnic Student	Private Training Student	Overseas

If you are working in the dairy farming sector please advise your current position in the workplace

Learners - Please go to Section 11

Employers - Please complete Sections 9-11&13 inclusive



9. Employer details

Employer/Company name:

Primary ITO ORG number:

We confirm all current details in our database relating to this organisation have been verified as current and accurate.

Yes - Please initial the boxes below and go to Section 10 No - Please complete section 9A

Initialed on behalf of Employer:

Initialed on behalf of Primary ITO:

Section 9A

Primary contact

First name:

Middle name:

Surname:

Mobile:

Work phone:

Email:

Mailing address

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:



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10. Workplace/site details

Workplace name:

Employee number:

Primary ITO ORG number:

We confirm all current details in our database relating to this organisation have been verified as current and accurate.

Yes - please initial the boxes below and go to Section 11 No - please complete Section 10A & 10B

Initialed on behalf of Employer:

Initialed on behalf of Primary ITO:

Section 10A

District Council:

Dairy supplier and supply number *(for dairy farms only)*:

Workplace/site location

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:

Section 10B

Workplace Primary Contact

Is the Workplace Primary Contact the same as the Employer Primary Contact?

Yes - please go to Section 11 No - please complete Section 10B

First name:

Surname:

Mobile:

Phone:

Email:



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11. Terms and Conditions

Privacy statement: Information in this training agreement is shared with government agencies and used for ITO business purposes as set out on the enrolment information sheet. Information from the Literacy and Numeracy Assessment for Adults online tool will only be disclosed and/or used to provide support to the Learner and Employer where deemed necessary by Primary ITO. Primary ITO collects and stores information from this form in accordance with the Privacy Act 2020 and the Education Act 2020.

Fees: The Employer and/or Learner agree to pay any fees that will be charged as per the programme enrolment.

Invoices for training fees will be issued to the person who has agreed to be invoiced for the training as recorded on the programme enrolment form. Invoices are due and payable 10 days from date of invoice. Non-payment of fees will result in unit standard credits not being reported to NZQA. Enrolments in further programmes may not be accepted and debt recovery action may be taken.

If you are sent a final reminder letter by us for an overdue account, and you do not pay the account owing within 7 days from the date of our letter, you agree to us passing your account on to our debt collection agency, and paying for any expenses, disbursements, legal, and collection costs incurred. You also agree that we can provide our debt collection agency with your personal information.

Cancellations: Primary ITO reserves the right to cancel programmes from offer. If a programme is cancelled, fees will be refunded in full or transferred to another programme.

Withdrawals: If you paid your fee to Primary ITO and withdraw from a programme you may be eligible for a partial credit or fee refund, provided Primary ITO has received a written withdrawal request. The amount that will be credited or refunded depends on when the request is received (see refund dates below). You can withdraw from your programme if your personal circumstances change. Please talk to your Training Adviser about your reasons. There may be a way we can help you continue or we can put your training on hold for a while.

Transfers: Your Training Adviser may recommend that you transfer from one programme to another. Fees may be transferred for an approved programme transfer.

Termination: This Training Agreement will cease if Learner or Apprentice status changes as set out on the enrolment information sheet.

Withdrawal Refund Eligibility: If you paid your fee to Primary ITO and withdraw in the first 60 days of your programme a refund will be made to the person who paid the invoice: Within 30 days of invoice: 100%, less \$50 administrative fee and cost of resources (if applicable). Between 31 and 60 days from invoice: 50%, less \$50 administrative fee and cost of resources (if applicable). Over 60 days from date of invoice: no refund.

For a full copy of our Enrolment Policy, Terms and Conditions of this Enrolment, please visit www.primaryito.ac.nz



12. Learner signature

By signing this document, you agree to the following terms:

- I agree to participate in training or study as required, learn the skills to the best of my ability, and undertake assessment to meet the requirements of the programme.
- I have read the privacy statement and understand that Primary ITO may give information about my progress to my Employer and/or other specified parties.
- I agree to complete work at a consistent credit achievement rate, and achieve a minimum of 10 credits in a calendar year in which I have been studying for a minimum of 90 days.
- I understand that any sustained inability to meet reasonable credit achievement milestones of my programme may result in withdrawal.
- I agree to supply all my own evidence in assessments.
- I agree to take part in the Literacy/Numeracy assessment programme if required.
- I have read and understood the [Code of Practice](#) for New Zealand Apprentices and accept my obligations as an Apprentice (only required if enrolling into an NZA programme)
- I have read and understood the [terms and conditions](#).

Signature:

Date: (DD/MM/YYYY)

/ /

If the learner is under 18 years, this section must be completed by the learners parent or legal guardian:

By signing this section, I agree to the following terms:

- I am authorised to sign this agreement on behalf of the learner.
- I undertake to support this learner for the duration of the training programme.
- I agree to pay any outstanding fees associated with this training programme which would normally be the responsibility of the learner.

First name:

Surname:

Mobile:

Email:

Signature:

Date: (DD/MM/YYYY)

/ /



13. Employer signature

By signing this document, you agree to the following terms:

- I agree to allow the learner to attend training or to study as required, to provide training to the learner and allow the learner access to formal assessment.
- I confirm that the workplace/site is compliant with the Health and Safety at Work Act.
- I accept that Primary ITO does not expect staff to be at a workplace/site in which they feel unsafe and supports their right in that circumstance to stop, or refuse to carry out work at that premises.
- I have read the [Code of Practice](#) for New Zealand Apprentices and understand, agree and accept my obligations, filling the role of employer and supporting an NZA (only required if enrolling into an NZA programme).
- I have read and understood the [terms and conditions](#).

First name:

Surname:

Position:

Signature:

Date: (DD/MM/YYYY)

/ /



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14. Primary ITO signature

I confirm this learner meets TECs eligibility requirements for government funded industry training.

First name:

Surname:

Signature:

Date: (DD/MM/YYYY)

/ /

15A. Programme enrolment

Programme name:

Programme code:

P R -

Industry sector:

Industry sub-sector:

Contexts/Strands:



Section 15B

Programme start date: (DD/MM/YYYY)

TAG transfer start date (if applicable): (DD/MM/YYYY)

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16. Verifier

Is the Verifier Contact the same as the Workplace Primary Contact?

The Verifier Contact is needed for Mahi Tahī programmes.

Yes - please go to Section 17

No - please complete Section 16

Not Applicable

First name:

Surname:

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:

Mobile:

Work phone:

Email:

17. Course enrolment

Do you require the Enrolments team to complete a Course enrolment?

Yes - please complete Section 17

No - please go to Section 18

Course name:

Course code:

18. Assessor

Does this programme require an Independent Assessor Connection?

Yes - please provide name of Independent Assessor

No - please go to Section 19



19. Payment details

Does Primary ITO require a fee or residual fee to be paid?

Yes - please complete Section 19

No - Thank You. This form is now fully completed

Total programme cost:

Government contribution:

Total residual fee:

L3 residual fee:

L4 residual fee:

Invoice contains fee for Chainsaw Vehicles Growsafe Shearing

Who should be invoiced for residual payment? Employer Learner Third party - please complete Section 20

Initial: Learner: Employer: Training Advisor:

20. Third party contact details (if applicable)

Third party name:

Email address:

Mailing address

Number:

Street name:

RD:

Suburb:

City/town:

Postcode:



21. Payment type

Visa Mastercard Direct debit* Farmlands/CRT Ruralco/ATS

Cardholder's name:

Farmlands shareholder number:

Ruralco/ATS number:

Credit card /Farmlands/CRT number:

Expiry date:

Security number (CVV):

/

Card holder signature:

Employer Purchase Order, if required:

*Additional direct debit form must be completed. Please note: \$50.00 administration fee

Thank you. This form is now fully completed.