

# Enrolment Form



Te Pūkenga - The New Zealand Institute of Skills and Technology, trading as Primary ITO.

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 the learner or employer initials recorded beside it.**

**L is for Learner initials. E is for Employer initials. P is for Primary ITO representative initials.**

**Twink or correction fluid cannot be used on the document.**

## 1. Learner details

First name

Middle name/s

Surname

Preferred name

Previous legal name(s)

Date of birth (dd/mm/yyyy)

Gender (as per ID)    Male    Female

## 2. Contact details

Mobile

Work phone

Home phone

Email

### Preferred contact method

Email    Text    Mobile    Work    Home    Any

### Home address

(include number, street, suburb, city/town, postcode)

## 3. Residency details

New Zealand citizen

New Zealand resident (please provide a copy of your residency visa and passport)

Australian citizen (please provide a copy of your passport)

Work Visa (please provide a copy of your passport and latest work visa)

## 4. Learner Support

English is my second language    Yes    No

**Is there support that would help you while learning at this tertiary institution?**

Your response allows us to let you know what assistance is available.

The information you provide is collected for statistical purposes and helps make education more accessible to all learners.

Please select all of the support you might need. You can select more than one.

Access to assistive technology (eg, for reading, writing, communication)

Accessible format resources for course content

Mobility and transport (eg, navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan)

New Zealand Sign Language Interpreter

Support with reading, writing, and communicating in learning sessions, exams, and assessments

Other learning or disability support

No - I do not need support at this time

**Do you describe yourself as disabled, deaf, neurodiverse, tāngata whaikaha māori, or living with a long-term physical or mental health condition?**

The information you provide is collected for statistical purposes and to help us understand our learners.

Yes    No    Prefer not to say

**What is your current occupation?**

## 5. Programme enrolment

Programme name and code PR-

Programme start date (dd/mm/yyyy)

TAG transfer start date if applicable (dd/mm/yyyy)

Any amendments to programme name, start date or TAG transfer date will need learner and employer initials.

## 6. Payment details

Does Primary ITO require a fee to be charged?

Yes - please complete Section 12    No

Total programme cost \$

NZA programmes only

Made up of Level 3 \$

Level 4 \$

Invoice contains additional fee for

Chainsaw    Shearing

Who should be invoiced for the fee?

Employer    Learner    Fees Free with evidence  
(Please note an invoice will be issued until evidence of Fees Free eligibility is provided).

Third party - Complete contact details below

If your Fees Free application to TEC is not fully covered or is declined, who should be invoiced for the outstanding fee?

Employer    Learner    Third party - Complete contact details below

Is a Purchase Order number required?    Yes    No

If Yes, PO Number

An invoice for the programme fee will be emailed out to the appropriate party.

If you would like to pay your invoice by direct debit, credit card or store card, please contact our Finance team on receipt of your statement.

If you withdraw in writing in the first 60 days of the date of your invoice a refund/credit note will be made to the person the invoice was issued:

- Within 30 days of the date of your invoice: total invoice amount less \$50 administrative fee.
- Between 31 and 60 days from the date of your invoice: 50% of the invoice amount less \$50 administrative fee.
- Over 60 days from the date of your invoice: no refund or credit note will apply.

Please initial to confirm your agreement

Learner     Employer     Primary ITO

Third party contact details (if applicable)

Third party name

Email

Mailing address (include number, street, suburb, city/town, postcode)

Signature

Any amendments to this section require the initials of all three parties.

## 7. 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 understand that any sustained inability to meet reasonable credit achievement milestones of my programme may result in withdrawal.
- I have read the [Code of Practice](#) for New Zealand Apprentices and understand, agree and accept my obligations as an Apprentice (only required if enrolling into an NZA programme)
- I confirm that I have read, understood and agree to the Terms and Conditions for Learners, Apprentices and Employers which are located our website, and which may also be accessed [here](#).

Signature

Date (dd/mm/yyyy)

Any amendments to this section require the learner's initials.

If the learner is under 18 years, this section must be completed by the learner's 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.

Name

Mobile

Email

Signature

Date (dd/mm/yyyy)

## 8. 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 2015.
- I have read the [Code of Practice](#) for New Zealand Apprentices and understand, agree and accept my obligations as an employer (only required if enrolling into an NZA programme)
- I confirm that I have read, understood and agree to the Terms and Conditions for Learners, Apprentices and Employers which are located our website, and which may also be accessed [here](#).

Name

Position

Signature

Date (dd/mm/yyyy)

I have sighted the original ID from the learner and have provided a copy to Primary ITO

I am acting in the role of the employer for training purposes and do not have a legal relationship with the learner from an employment law perspective

Office use only

## 9. Independent Assessor

Does this programme require an Independent Assessor Connection?

Yes - please provide name of Independent Assessor

No

## 10. Course enrolment

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

Yes No

Course name

Course code

## 11. Verifier

Is a Verifier required for this programme enrolment?

Yes No Not applicable

If yes, is the Verifier the same as the Workplace Primary contact?

Yes No – please complete the information below

Full name

Phone

Email

Industry sector

Industry sub-sector

## 12. Primary ITO signature

Name

Signature

Date (dd/mm/yyyy)