

## Te Pūkenga 4098 Enrolment Agreement

| A. Employer inform   | ation (Comp  | lete all | fields)     |        |          |           |                  |             |         |     |           |  |  |
|--|--|----------|-------------|--------|----------|-----------|------------------|-------------|---------|-----|-----------|--|--|
| Company name (full)  | me (full) Trading as (ifapplicable)  |          |             |        |          |           |                  |             |         |     |           |  |  |
| Postal address   |  |          |             |        |          |           |                  |             |         |     |           |  |  |
| Street address   |  |          |             |        |          |           | S                | Suburb      |         |     | City/Town |  |  |
| Main contact Name  |  |          |             |        | Mobile   |           |                  |             | Email   |     |           |  |  |
| B. Trainee informati   | ion (Complete  | all fiel | ds)         |        |          |           |                  |             |         |     |           |  |  |
| State your <u>full legal name</u> as it appears on your birth certificate or passport.   |  |          |             |        |          |           |                  |             |         |     |           |  |  |
| First name   |  |          |             |        |          |           |                  | Middle name |         |     |           |  |  |
| Surname  |  |          |             |        |          |           | Preferred name   |             |         |     |           |  |  |
| 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 nan  | ne(s)  |          |             |        |          |           |                  |             |         |     |           |  |  |
| Gender   | Male   |          |             |        |          |           | erse   Ethnicity |             |         |     |           |  |  |
| Date of birth  | NZQA or NSN number (if known)  |          |             |        |          |           |                  |             |         |     |           |  |  |
| If under 16 at the time of   | signing, sup   | ply a N  | IOE Exempt  | ion nu | ımber.   |           |                  |             |         |     |           |  |  |
| Street address   |  |          |             |        |          |           | S                | Suburb      |         |     | City/Town |  |  |
| Home phone   |  |          |             |        |          |           |                  | Mobile      |         |     |           |  |  |
| Main contact number  |  |          |             |        |          |           | E                | Email       |         |     |           |  |  |
| Residency/Citizenship  | Residency/Citizenship NZ Citizen NZ Permanent Resident Australian Citizen Overseas |          |             |        |          |           |                  |             |         |     |           |  |  |
| Please attach a copy of t  |  | s Lice   | nce, Passpo | ort or | Birth Ce | rtificate | e as IC          | ) with this | Enrolme | nt. |           |  |  |
| C. Declaration Train   | ee to sign   |          |             |        |          |           |                  |             |         |     |           |  |  |
| Signed by the Trainee  |  |          |             |        |          |           |                  |             |         |     |           |  |  |
| The Trainee authorises Te Pū<br>Information may be distributed<br>parties to this Agreement.   |  |          |             |        |          |           |                  |             |         |     |           |  |  |
| Trainee signature  |  |          |             |        |          |           |                  |             | Date    |     |           |  |  |