

Skills Active Training Agreement

1. Trainee Details

Your Learning Support Advisor will assist you in completing this Training Agreement. Please contact your Learning Support Advisor on 0508 4 SKILLS (0508 475 4557).

If this is your first enrolment with Skills Active you must attach a photocopy of your passport or birth certificate. For subsequent enrolments, please attach a photocopy of a suitable photo ID. Please complete ALL sections and print clearly in black or blue ink.

National Student Number	<input type="text"/>														
Title	<input type="text"/>	Gender	<input type="text"/>	Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>														
Last name	<input type="text"/>														
Known as	<input type="text"/>						Previous / Maiden name	<input type="text"/>							
Ethnicity	1	<input type="text"/>						Iwi	<input type="text"/>						
	2	<input type="text"/>						Hapū	<input type="text"/>						

Postal Address

Street	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Postcode	<input type="text"/>

Contact Details

Home phone	<input type="text"/>
Mobile	<input type="text"/>
Work email	<input type="text"/>
Please provide at least one email address	
Home email	<input type="text"/>

I am a ☐ NZ Citizen ☐ Permanent Resident ☐ Visitor with a current work permit

2. Employer / Host Organisation Details

To be eligible to be a Skills Active Trainee you must be: 1) employed with a workplace; or 2) a volunteer with a host organisation; or 3) a self-employed contractor contracted to a host organisation. Please tick your status:

☐ Employed ☐ Volunteer ☐ Self-Employed

Workplace / Host Name

Postal Address

Street	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Postcode	<input type="text"/>

Contact Details

Phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

3. Education Details

Is English your first language? Yes ☐ No ☐ Do you have a disability that may affect your learning? Yes ☐ No ☐
 If you do have a disability we will contact you to discuss how to best support your learning.

Last School Attended

New Zealand School ☐ Name of High School
 Overseas School ☐ Country

Highest School Qualification

☐ No formal secondary school education ☐ NCEA Level 2 or 6th Form Certificate ☐ Overseas qualification
☐ 14 or more credits at any level ☐ University Entrance ☐ (including Baccalaureate & Cambridge Exams)
☐ NCEA Level 1 or School Cert ☐ NCEA Level 3 or Bursary or Scholarship ☐ Other

Post-School Qualification

☐ No qualification ☐ Bachelor Degree, Level 7 Graduate Diploma / Certificate,
☐ Level 1 Certificate ☐ Level 7 Diploma / Certificate
☐ Level 3 Certificate ☐ Postgraduate Diploma / Certificate
☐ Level 4 Certificate ☐ Bachelor Honours
☐ Level 5 Certificate / Diploma ☐ Masters Degree
☐ Level 6 Graduate Certificate, Level 6 Diploma / Certificate ☐ Doctorate Degree

What were you doing before starting this work / employment and training?

☐ Secondary School Student ☐ College of Education Student
☐ Non-employed or Beneficiary ☐ House-person or Retired
☐ Wage or Salary Worker ☐ Private Training Student
☐ Self-Employed ☐ Wananga Student
☐ University Student ☐ Living and / or working overseas
☐ Polytechnic Student

4. Preferred Contact Methods

Preferred contact methods (please tick all that apply) Email ☐ Phone ☐ Txt ☐ Mail ☐
 Do you have access to the internet to allow you to view and / or download training materials and receive emails? Yes ☐ No ☐

5. Qualification Details

Write the qualification you are signing up for in the box below. Refer to the Qualification Schedule for the available qualifications.

Qualification Name

The **Training Plan** for the qualification you are signing up for must be attached to this Training Agreement. Your Learning Support Advisor will assist you with this.

Training start date

6. Skills Active Qualification Fees

Your workplace will be invoiced for the appropriate fee. Please refer to the qualification schedule for an indicative price.

7. Privacy Statement

Skills Active respects the privacy of trainees. This privacy statement explains how we may collect, store, use, and disclose personal information that you provide to us. You may decide not to provide your personal information to us. However, if you do not provide it, we may not be able to process this Training Agreement. By signing this Training Agreement you agree that we may collect, store, use, and disclose your personal information in the manner set out below.

Your personal information is collected and will be stored by Skills Active. Our address is set out below. We will not use or disclose your personal information except in accordance with the Privacy Act 1993. We may use your personal information to process this Training Agreement and provide information and services to you. Your personal information will be disclosed internally within Skills Active for the above purposes and we may also disclose your personal information to the New Zealand Qualifications Authority and the Tertiary Education Commission for their business purposes.

You may request access to, or correction of, any personal information we hold about you by contacting Skills Active as follows:

Telephone: 0508 4 SKILLS (457 4557)
Email: info@skillsactive.org.nz
Post: Skills Active, PO Box 2183, Wellington 6140

8. Signatures

Trainee

To the Trainee: By signing this Training Agreement you are stating that all the details you have provided are true and accurate in every section of the Training Agreement. You agree to accept the terms of this agreement and your responsibilities as listed below.

Trainee's responsibilities: I agree to take responsibility for the learning skills and knowledge necessary to meet the requirements of the unit standards in my training programme. These unit standards, and Skills Active qualification information, are available on the New Zealand Qualifications Authority (NZQA) website: www.nzqa.govt.nz

I agree to:

- Take responsibility for understanding what is needed to complete the training programme I am enrolled in
- Complete the unit standards outlined in my training programme to the best of my ability
- Achieve a minimum of 20 credits per year
- Complete the training programme in the specified time
- Advise Skills Active if I change my name, contact details, employer / host organisation or I cannot complete my training programme

Trainee Signature

Sign date

Signature of Parent/Guardian
(if trainee is under 18 years)

Sign date

Note: If you are aged under 16 years, you require special permission to enter into a Training Agreement. Please contact Skills Active prior to enrolling.

Skills Active will contact you during your training programme to keep your details up to date and get feedback on your training progress. Skills Active may also send you promotional materials to keep you informed about new resources we have available. If you do not wish to receive any promotional material, please tick this box: ☐

Skills Active uses trainee stories and photos in our advertising and promotional materials. We may contact you about using your story. If you do not wish to be contacted for this purpose, please tick this box: ☐

Employer / Host Organisation

To the Employer / Host Organisation: When you sign this Training Agreement you are confirming that all the details provided are true and accurate. You agree to accept the terms of this agreement and your responsibilities as listed below. We recommend you make a copy of this Training Agreement for your own records.

Skills Active will contact you during your employee's training programme so we can keep your details up to date and get feedback on their training progress. In addition, Skills Active may send you promotional materials to keep you informed about new or updated resources and qualifications.

Manager's / Employer / Host Organisation's responsibilities:

I am responsible for providing support to the trainee named in this Training Agreement. This means:

- I will provide support, time, resources and any additional training that is needed, so the trainee can develop or demonstrate competence in each unit standard, and complete the training programme in the agreed time.
- I will provide access to on-job training, so the trainee can demonstrate the skills and knowledge required to complete the training programme.
- I will keep records, times and dates of the training that is completed.
- I will keep records of assessment times and dates.
- I will communicate regularly with key Skills Active personnel.
- I will advise Skills Active if the trainee leaves his / her employment or is unable to complete the training programme.
- I am authorised to sign this agreement.

8. Signatures (cont)

Employer / Host Organisation Signature

Sign Date

Employer / Host Organisation Name

Job title

Phone

(o)

Email

Preferred contact methods (please tick all that apply)

Email

☐

Phone

☐

Txt

☐

Mail

☐

9. Terms of Agreement

- **Eligibility:** To be eligible to be a Skills Active trainee you must be 1) employed with a workplace; or 2) a volunteer with a host organisation; or 3) a self-employed contractor contracted to a host organisation.
- **Training Agreement:** Registration with Skills Active begins when the correctly completed and signed Training Agreement is accepted by Skills Active. It will begin on the date the Employer / Host Organisation has signed, and will run for the agreed programme time. An extension of time to complete the training will require written approval from Skills Active.
- **Leaving or changing employment:** If the trainee leaves his / her current employment, Skills Active must be notified immediately. Skills Active must be informed within 6 weeks if the trainee finds another Employer / Host Organisation who is willing to continue with the training arrangements. A new Training Agreement must be completed and signed, to reflect the new employment situation.
- **Transfers and cancellations:** The qualification fee is not refundable once paid.
- **Authorisation:** In signing this Agreement, the trainee and Employer / Host Organisation authorise Skills Active to collect and exchange information with any government agency, NZQA, assessors, or other Industry Training Organisations for the purpose of administering training and assessment activities.
- **Training Process:** As a trainee with Skills Active, all level 2 - 3 qualifications require a Literacy, Language and Numeracy assessment online. This is for the purpose of supporting trainees where identified, improving our training material for our trainees and meeting our TEC obligations.

Final check

Have you:

☐

Included a copy of your photo ID?

☐

Got your workplace to sign section 8?

Office use only

<input type="checkbox"/>	Accuracy and signature checked
<input type="checkbox"/>	Appropriate ID sighted and attached
<input type="checkbox"/>	Training Plan attached

Billing information - invoice to?

<input type="checkbox"/>	Trainee
<input type="checkbox"/>	Workplace

Notes: