Training Agreement

Complete if you hold a work visa

Work visa number:



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 id	entified with a pen icon, must have learner, emp	lover and DITO rops initials beside the change
		loyer and Firo reps initials beside the change
earners - Please complete sections 1-8	3 inclusive	
1. Learner details		
(Full legal name as it appears on your bir	th certificate or passport) Middle name:	Curnama
First name:	iviidale name.	Surname:
Preferred name:	Previous legal name/maiden name:	Date of birth: (DD/MM/YYYY)
		/ /
Gender: O Male O Female O Ge	ender diverse	
2. Contact and delivery details		
Mobile:	Work phone:	Home phone:
Email:		
- 6	0	0
	○ Mobile ○ Work ○ Home ○ Mail	lext O Any
Home Address – must be a New Zea	land physical address not a PO box	nn.
Number: Street name:		RD:
Suburb:	City/town:	Postcode:
3. Identification* (if new to Primar	y ITO training)	
ID type ONZ Birth Certificate issued	d after 1 January 1998 O Passport (must be	e provided for work visa holders)
O New Zealand Certificate of Citizens	ship ONSI verification process	
MOE exemption number:	NSN (if knowr	n):
	· ·	
4. Docidonou deteile		
4. Residency details		.,
	and resident (*please provide a copy of your res	
Australian citizen	holder (*please provide a copy of your passpor	t <u>ana</u> latest work visa)

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 O Yes O No If yes, please specify what help you require for this
Do you have a disability? O Yes O No If yes, please specify
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
- 14 or more credits at any level
- O NCEA Level 1/ **School Certificate**
- O NCEA Level 2/ Sixth Form Certificate
- O NCEA Level 3/ Bursary scholarship
- University Entrance
- Overseas qualification (including International Baccalaureate & Cambridge exams)

What is your highest post secondary school qualification?

- No qualification
- O Level 5 Diploma/Certificate
- Masters' Degree

- O Level 1 Certificate
- O Level 6 Diploma/Certificate
- O Doctorate Degree

- O Level 2 Certificate
- O Level 6 Graduate Certificate
- O Not known

- Level 3 Certificate
- O Postgraduate Diploma
- O Level 4 Certificate
- O Bachelor Degree or Level 7 Diploma/Certificate or Graduate Diploma/Certificate

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

O Yes O No

I agree to sharing my record of enrolment and completion with Industry Partners for the purpose

of demonstrating involvement in industry training

O Yes O No





8. Employment details **Employment type** ○ Employee ○ Self-employed ○ Other principal contractor ○ Volunteer **Employment status** O Full time O Part time O Seasonal What were you doing immediately prior to current employment? Secondary School StudentSelf-employed College of Education StudentHouse-person Non-employed/BeneficiaryUniversity Student Wānanga Student Retired Wage or Salary Worker O Polytechnic Student O 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 Ono - Please complete section 9A Initialed on behalf of Employer: Initialed on behalf of Primary ITO: **Section 9A Employer Primary contact** Middle name: First name: Surname: Mobile: Work phone: Email: **Employer Mailing address** Number: Street name: RD: Suburb: City/town: Postcode:



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10. Workplace Workplace name				
Employee numbe	er:		Primary ITO ORG number:	
We confirm all current details in our database relating to this organisation have been verified as current and accurate. O Yes - please initial the boxes below and go to Section 11 O 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 numl	ber (for dairy farms only):
Workplace/site I Number:	ocation Street name:			RD:
Suburb:		City/town:		Postcode:
Section 10B Workplace Primary Contact Is the Workplace Primary Contact the same as the Employer Primary Contact? O Yes - please go to Section 11 O No - please complete Section 10B First name: Surname:				
Mobile:	Phone:		Email:	

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. All invoices have payment terms of 20th month following. 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 and the Terms and Conditions for Learners, Apprentices and Employers, 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 NZQA Record of Achievement and/or my training progress to my Employer to help guide Enrolment decisions.
- I agree to work at a consistent credit achievement rate, and to achieve ten credits within the first six months of enrolment start date. I acknowledge that failure to do so may result in my withdrawal from the programme.
- 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 <u>Code of Practice</u> for New Zealand Apprentices and accept my obligations as an Apprentice (only required if enrolling into an NZA programme)
- I confirm that I have read and agree to the Terms and Conditions for Learners, Apprentices and Employers which are located on our website and which may also be accessed here

	·	
Signature:	Date: (DD/MM/YYYY)	
	1 1	
If the learner is under 18 years, this sec	tion must be completed by the learners p	parent or legal guardian:
By signing this section, I agree to the fo	llowing terms:	
• I am authorised to sign this agreemen	t 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 as responsibility of the learner. 	sociated with this training programme wh	ich would normally be the
First name:	Surname:	Mobile:
Email:	Signature:	Date: (DD/MM/YYYY)
		1 1

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 <u>Code of Practice</u> for New Zealand Apprentices and understand, agree and accept my obligiations, 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)		
	1 1		

14. Primary ITO signature		
O I confirm this learner meets	TECs eligibility requirements for govern	ment funded industry training.
First name:	Surname:	
Signature:	Date: (DD/MM/YYYY)	
15A. Programme enrolme	nt	
Programme name:		Programme code:
Please select programme		P R -
Industry sector:	Industr	y sub-sector:
Select Industry sector	Select	Industry sub-sector
Contexts/Strands:		
Section 15B Programme start date: (DD/MM/Y)	TAG transfer start date (if app	plicable): (DD/MM/YYYY)
The Verifier Contact is needed for	e as the Workplace Primary Contact? or Mahi Tahi programmes.	○ Not Applicable
First name:	Surname:	
Number: Street name:		RD:
Suburb:	City/town:	Postcode:
Mobile:	Work phone:	mail:



17. Course enrolment			
Do you require the Enrolments team to	complete a Course enrolment?		
Yes - please complete Section 17 \(\cap \)			
Course name:		Course code:	
18. Assessor			
Does this programme require an Indepe	endent Assessor Connection?		
○ Yes - please provide name of Independ			
○ No - please go to Section 19			
19. Payment details			
Does Primary ITO require a fee to be ch	arged?		
○ Yes - please complete Section 19 ○ I	No - Thank You. This form is now fully c	ompleted	
Total programme cost:	Made up of Level 3:	Level 4:	
Invoice contains fee for	☐ Vehicles ☐ Growsafe ☐ Shearing		
Who should be invoiced for the fee?			
○ Employer ○ Fees Free with evi	dence (Please note an invoice will be issued	l until evidence of Fees Free eligibility is provide	ed).
O Learner O Third party - Please			
If your Fees Free application is declined	, who should be invoiced for the fee?		
○ Employer ○ Learner ○ Third party			
Is a Purchase Order number required?	○ Yes ○ No If Yes, PO Number		
Initial: Learner: Employe	er: Training Advisor:		
20. Third party contact details (if a			
Third party name:	Email address:		
Mailing address			
Number: Street name:		RD:	
Suburb:	City/town:	Postcode:	
Signature:			

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Farmlands shareholder number:

Employer Purchase Order, if required:

Expiry date:

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

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

Thank you. This form is now fully completed.

○ Direct debit* ○ Farmlands/CRT ○ Ruralco/ATS

21. Payment type

Cardholder's name:

Farmlands/CRT number:

Card holder signature: