# Graphical user interface, text  Description automatically generatedOrganisation Registration Form



|  |
| --- |
| Organisation details |
| Company name: |       |
| Site/Area/Location: |       |
| Trading name:(if different to above) |       |
| Parent Company: |       |
| District Health Board: |       |

|  |
| --- |
| Contact detailsProvide the primary reception phone number and administrative email address  |
| **Main phone:** |       | **Fax:** |       |
| **General email address:** |       | **Website:** |       |

|  |
| --- |
| Primary ContactsProvide full name of the contact (aka name in brackets) |
| **CEO:** |       | **Manager:** |       |
| **Phone:** |       | **Phone:** |       |
| **Email:** |       | **Email** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **Training Coordinator:** |       | **Literacy** **Coordinator:** |       |
| **Phone:** |       | **Phone:** |       |
| **Email:** |       | **Email** |       |

|  |
| --- |
| Contact detailsFor courier deliveries, we require both the postal and physical address  |
| **Postal:** | **Physical:** |
|       |       |
|       |       |
|       |       |

|  |
| --- |
| Certificate Delivery Address If different from postal and physical address above |
| **Attention To:** |       |
| **Physical Address:** |       |

|  |
| --- |
| Organisation Sector |
| **Which Sector does this organisation primarily operate in? (please select one)** |
| [ ]  Aged Residential Care[ ]  Cleaning and Pest Management Services[ ]  Disability Support[ ]  Healthcare Services[ ]  Home and Community Care[ ]  Mental Health and Addiction Support[ ]  Social Services[ ]  Youth Work[ ]  Other (please specify): \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| Organisation DescriptionUse this section to describe your organisation  |
|       |

|  |
| --- |
| PreferencesPlease select below your preferences of either paper-based or on-line |
| **Literacy & Numeracy** | **Paper-based** [ ]  |  **On-line** [ ]  |
| **Learning Resources**  | **Paper-based** [ ]  | **On-line (Aka Toi)** [ ]  |

|  |
| --- |
| Reporting and MonitoringWho should the monthly training reports be sent to? |
| **Name:** |       | **Name:** |       |
| **Email:** |       | **Email:** |       |

|  |
| --- |
| FinanceWho will pay the qualification fee? (Please tick the one option that will apply) |
|  **Employer** [ ]  **Parent Company** [ ]  **Trainee** [ ]  |
| **Financial Contact:** |       | **Email:** |       |
| **Is a Purchase Order Number required per Trainee?** | **Yes** [ ] **No** [ ]  | **Branch Purchase order Number:** | **Branch P/O #:** |       |

|  |
| --- |
| Returning the Form |
| You can scan and email this organisation form to: info@careerforce.org.nzOr Post to: Client Services, Careerforce, PO Box 25 255, Christchurch 8144If you have any questions or require help, please call our Client Services Team on 0800 277 486. |