

## How to fill out a Standard Training Agreement

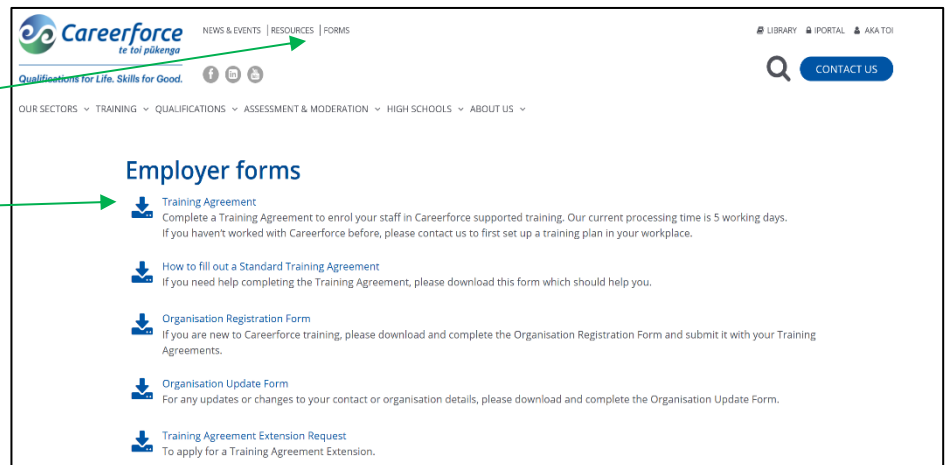
This guide is designed to support you understand the detail needed to fill out a training agreement.

Please complete all sections for prompt processing of the Training Agreement. Please ensure supporting documentation is verified and accompanies the Training Agreement.

Please download a **current Training Agreement** from the Careerforce Website:

**www.careerforce.org.nz**

- Click on **Forms**
- Click on **Training Agreement**



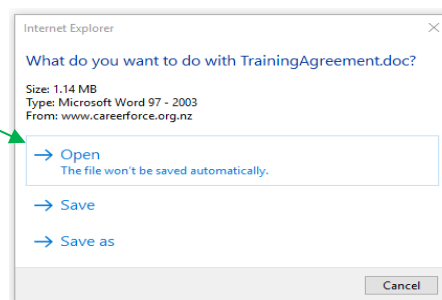
Download the Training Agreement

### Training Agreement

Download our training agreement which includes instructions about what information we need, including the forms of identification we can accept.

[Download the Training Agreement](#)

Open the Word document



Please note that you can type your details into the Training Agreement but you must print it out to sign the completed Training Agreement. For support on these processes please call your Careerforce Representative or our Client Services Team on 0800 277 486.

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## Standard Training Agreement

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## How to Fill in the Standard Training Agreement - Employers: Employer to complete sections B, I - M, S - U

### Section B

**Add your details:**

- **Company Name**
- **Trading Name:** (this may be different than the company name)
- **Branch:** (what workplace do you operate out of? This helps differentiate you from other workplaces your company operates, this is where the trainee details sit with Careerforce database, also required for statistical purposes)
- **Key Contact Name:** (who do we contact regarding training? Who do we send automatic reports to? Often the Workplace Training Coordinator or Assessor)
- **Email Address** (this is the address we use to contact the Key contact (above) and send any reports)
- **Careerforce Account Number:** (this is a unique number generated by Careerforce, if you do not know it you may ask your Careerforce Representative or leave it blank – Client Services will fill it in)

B. Employer's details – Employer <u>must</u> complete		
Company name:		
Trading name: (if different to above)		
Branch:	Careerforce Account number:	
Key contact name:		
Email address:		
Trainee's work status:	<input type="checkbox"/> Paid employee <input type="checkbox"/> Voluntary/Unpaid with work agreement	
Trainee's job title:		
Purchase order number as required		
<b>Employer go to section I (page 3)</b>		

- **Purchase Order Number:** (If required for the workplace accounts department)
- **Trainee's work status** (required for statistical purposes)
- **Trainee's job title** (required for statistical purposes)

### Section I

**Who is your Assessor?**

- Assessors may be from:
  - **Your Workplace**
  - **Contracted** (for full service from Careerforce)
  - **Mobile** (to find a mobile assessor in your area, check the list on the Careerforce website or ask your local Careerforce Representative)

Employer section I - M		
I. Name of Assessor - All Training Agreements must have an Assessor – Employer to complete		
Type of Assessor:	<input type="checkbox"/> Workplace <input type="checkbox"/> Full Service Contract <input type="checkbox"/> Mobile	
Assessor Name (required for full service contract or mobile options):		

## Section J

Is this a single qualification or a Pathway enrolment?

If single qualification:

- **Qualification title** (what qualification is the trainee wanting to complete?)
- **Level** (what level is this qualification?)
- **Note: Not all Qualifications will have a Strand or a Specialisation**

If you are unsure what to enter here please discuss with your Careerforce Representative

J. Qualification selection – Employer to complete			
State the qualification your trainee is enrolling in: <i>[If this is a Pathway enrolment, go directly to Section K (Option 4)]</i>			
Qualification title:			
Level:	Strand:		
For Level 4 and above only	Specialisation:		

## Section K

Select the Training Programme options

You will have discussed this with your Careerforce Representative

- Select one of the options
- **Option 1** – you may have set up a plan with your Careerforce Representative, or it may be with Careerforce already
- **Option 2** – you may want to design a specific programme for an individual trainee
- **Option 3** – discuss with your Careerforce Representative
- **Option 4 – Pathway enrolments** move trainees through two levels of qualification. Conditions apply - ask your Careerforce Representative about this option
- **Unit Standard number** – Individualise unit standards for the trainee to complete a qualification

K. Training programme (for this qualification) – Employer to complete							
Compulsory units: The trainee will automatically be enrolled in the compulsory units for the qualification.							
Elective units: If the qualification has electives, select one of the options below otherwise leave this section blank:							
<input type="checkbox"/> Option 1: Where specified electives have been preselected for this programme by the employer.							
<input type="checkbox"/> Option 2: Individualised programme of electives (please list below).							
<input type="checkbox"/> Option 3: Full Service Contract (Assessor provided or organised by Careerforce)							
<input type="checkbox"/> Option 4: Pathway enrolment (Please list both qualifications)							
Name of qualification 1:				Name of qualification 2:			
Unit standard number	Level	Credits		Unit standard number	Level	Credits	
For a full list of available elective unit standards please contact your Careerforce Workplace Advisor.							<b>Total credits:</b>

## Section L

### Literacy & Numeracy assessment:

- If the qualification is at level 2, trainee's **must** complete literacy and numeracy assessments.
- Please select either
- **Online** (an online code will be sent to you after enrolment) or
- **Paper** (and submit with the Training Agreement)

### L. Literacy and Numeracy – Employer **must** complete

All trainees who **have** a tertiary qualification at Level 3 or above that was completed in the English language, **do not** need to complete a literacy and numeracy assessment.

All trainees who **have not** completed a tertiary qualification at Level 3 or above in the English language, **must** complete a literacy and numeracy assessment.

Please select how the trainee will complete these assessments by indicating below;

- Online assessment (login codes for trainee's use will be emailed when this agreement is processed - preferred)
- Paper assessment (the completed combined assessment must be attached to this agreement)

Literacy and Numeracy assessment at level 3 or above is at your discretion, you may choose for your trainees to be assessed in literacy and numeracy. Please select the assessment method.

## Section M

### Fees Payable

- Who is paying Careerforce the qualification fee?
- **Promotion Code:** One will be provided by your Careerforce Workplace Advisor if applicable
- If the trainee is eligible for the Government Fees Free option, it is mandatory for them to take this option. Please ask the trainee to confirm their eligibility from [www.feesfree.govt.nz](http://www.feesfree.govt.nz)
- If you tick that the trainee is paying the fee, please ensure they acknowledge that they are paying

### M. Fees payable – Confirmed by Employer and Trainee

Who will pay Careerforce the qualification fee?  Employer  Trainee  Govt Fees Free

Promotion code if applicable

Fees Free are mandatory if the trainee and the qualification meet the Government fees free criteria.

Check eligibility from: <http://www.feesfree.govt.nz>

The payee will be invoiced directly by Careerforce. By submitting this training agreement to Careerforce the payee agrees to pay the qualification fees (where applicable) for this programme.

Employer please **read sections N and O** and pass the training Agreement to the Trainee for them to add their details.

Once they have returned it to you please check that they have completed their details, verify their identification then sign and date the Training Agreement - **section S and T** as follows. Refer to **section V** for acceptable identification.

Send the completed Training Agreement along with supporting documents to your Careerforce Representative or to Careerforce Client Services.

## Section S

### Employer's declaration and signature

- **Employer's full name:** (print or type for legibility)
- **Employer's position:** (print or type for legibility)
- **Employer signature:**
- **Date:** (This is the date used as the Training Start Date)

### S. Employer's declaration and signature – Employer to complete

By signing here, you the employer, acknowledge that the information supplied is correct to the best of your knowledge. That you, or an authorised person within your organisation, **have verified the identification provided and have sighted the original – refer verification guide in section V (page 8).**

You have read and agree to the terms and conditions listed in section N of the training agreement (page 5) and to the responsibilities listed below. I am responsible for providing support to the trainee and agree that:

- the person identified in this training agreement has a current employment agreement (consistent with the provisions of the Employment Relations Act 2000) or a voluntary/unpaid work agreement with my organisation
- Careerforce may communicate directly with the trainee, in accordance with section O of this training agreement (page 5)
- I will provide workplace support to the trainee of a type and level appropriate to the nature/scope of this training
- I will advise Careerforce if the training agreement is to be placed on hold or if the trainee leaves the employment of this organisation.

<b>Employer's full name:</b>		<b>Employer's position:</b>	
<b>Employer's signature:</b>		<b>Training start date:</b> day/month/year	

## Section T

### Employer's Completion Checklist

- Use this section to check that the Training Agreement has been completed by you and the Trainee
- Ensure that you have verified the Identification and it is attached
- Send the completed Training Agreement and Supporting documentation to your Careerforce Representative or to Careerforce Client Services (As agreed upon with your Careerforce Representative)

### T. Employer's Completion Checklist - Employer to check that all sections are complete

<input type="checkbox"/>	<b>Employee details completed</b>	<input type="checkbox"/>	<b>All other sections completed</b>	<input type="checkbox"/>	<b>Fees payable</b>
	<ul style="list-style-type: none"> <li>• Branch is the main office from which the trainee works</li> </ul>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>I. Assessor</li> <li>J. Qualification                             <ul style="list-style-type: none"> <li>• Title, Level, Strand</li> </ul> </li> <li>K. Training Programme                             <ul style="list-style-type: none"> <li>• Select Option</li> <li>• Electives provided (if required)</li> </ul> </li> <li>L. Literacy &amp; Numeracy</li> <li>S. Your signature and date</li> </ul>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>M. Confirm who is paying the fee</li> </ul>
		<input type="checkbox"/>		<input type="checkbox"/>	<b>Confirm Trainee details</b> <ul style="list-style-type: none"> <li>• Check Trainee sections complete</li> <li>• <b>Trainee ID</b> <ul style="list-style-type: none"> <li>• Received</li> <li>• Verified</li> </ul> </li> </ul>

**Trainee to complete sections C - H, confirm section M and complete sections P - R**

**Section C**

**Trainee's details:**

- **Full Legal Name:** (from your passport, driver licence or birth certificate) – include middle name
- **Preferred Name:** (if you are called another name)
- **Previous Name:** (if you have been known by another name (eg. maiden name or previous married name))
- **Date of Birth:** (please use Day/Month/Year number format)
- **Gender:** (choose Female or Male)
- **NZQA/NSN number:** (if you know your verified NSN you may use this as ID. Otherwise leave blank)
- **Address:** (please supply your current address)
- **Email address:** (this must be unique to you – **not** a shared work email. This is so we can contact you, but also essential if you are accessing online training resources (MyPath))
- **Contact numbers:** (please supply a contact number)

C. Trainee's details – Trainee <b>must</b> complete			
<b>Full legal name:</b> (These details must match your evidence of ID &/or residency. See section V)	First name:	Middle name:	
	Last name:	Preferred name:	
<b>Previous name(s):</b>			
<b>Date of birth:</b>	Day/Month/Year	<b>Gender:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male
<b>NZQA/NSN number:</b> (if known)	A National Student Number (NSN) that has previously been verified may be used as a form of ID		
<b>Address:</b>	Street address:	Suburb:	
	Town/city:	Postcode:	
<b>Email address:</b>	Please provide an email address to enable you to access the online training resources.		
<b>Contact number:</b>	Home/Work telephone:	Home/Mobile:	

**Section D**

**Ethnicity:**

- **Required for TEC statistics:**
- Please indicate the ethnic group you belong to
- If you are a NZ Maori and know your Iwi and/or Hapu please indicate it here

D. Ethnicity – Trainee to complete			
To which of the following ethnic groups do you consider you belong? Please tick the appropriate box(es).			
<input type="checkbox"/> NZ European/Pākehā	<input type="checkbox"/> Niuean	<input type="checkbox"/> Other Pacific	<input type="checkbox"/> Filipino
<input type="checkbox"/> NZ Māori*	<input type="checkbox"/> Cook Islands Maori	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> African	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Tongan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Other <i>please specify:</i>	
* If you are of NZ Māori descent, please list the iwi with which you are affiliated, if known. If unknown, leave blank. You may also provide the name of your hapu.			
<b>Iwi:</b>	<b>Hapu:</b>		
<b>Iwi:</b>	<b>Hapu:</b>		

## Section E

### Residency Status:

- **New Zealand citizen:** (including Cook Islands, Niue and Tokelau citizens)
- **New Zealand permanent resident**
- **Australian citizen:**
- **Other overseas**
- **Work permit/visa:** (include expiry date)

### E. Residency Status – Trainee to complete

Please select your residency status **and** attach the correct verified documentation.

Please note:

- Your employer **must** verify your identification. Refer to section V (page 8) for *Acceptable forms of Identification and Verification Guide*
- If the name you are enrolling in is different from your identification, you must provide additional evidence that supports your name change (i.e. marriage certificate, birth certificate, deedpoll).

New Zealand citizen (including Cook Islands, Niue and Tokelau citizens)

New Zealand permanent resident

Australian citizen

Other overseas

Work permit/work visa

Expiry date (Day/month/year):

## Section F

### Statistical data:

- **Required for TEC statistics:**
- Please indicate if:
  - English is your second language
  - You have a visual/hearing or physical disability
  - What you were doing prior to entering this Training Agreement
- How many Clients, Patients or whanau members are you currently supporting

### F. Statistical data – Trainee to complete

Is English your second language?

Yes

No

Do you have a disability (visual/hearing impairment or physical disability)?

Yes

No

What were you doing immediately prior to entering training?

Secondary student

University Student

Overseas

Non-employed or beneficiary

Polytechnic Student

Private Training Student

Wage or Salary Worker

College of Education Student

Wananga Student

Self-employed

House-person or Retired

Approximately how many clients, patients or whanau members are you currently supporting?



## Section G

### What sector do you mostly work in?

- This is for Careerforce and TEC, statistical purposes  
(Please select only **one** sector)

### G. Workplace sector – Trainee to complete

What area will you mostly work in while completing this qualification? (Please select only **one**)

<input type="checkbox"/> Aged Care Home-based	<input type="checkbox"/> Mental Health and Addiction
<input type="checkbox"/> Aged Residential Care	<input type="checkbox"/> Public Health and Primary Care (e.g. screeners, community health workers)
<input type="checkbox"/> Allied Health (e.g. dental, dietitian, rehabilitation assistants)	<input type="checkbox"/> Secondary Care (e.g. health care assistants, orderlies)
<input type="checkbox"/> Cleaning	<input type="checkbox"/> Social Services
<input type="checkbox"/> Pest Control	<input type="checkbox"/> Whānau Ora
<input type="checkbox"/> Disability	<input type="checkbox"/> Whānau/family and Foster Care
<input type="checkbox"/> Disability Home-based	<input type="checkbox"/> Youth Work
<input type="checkbox"/> Employment Support	

## Section H

### Previous Education:

- Required for TEC statistics only:
- What **country** did you go to secondary school?
- What was the **name** of your school?
- What was your **highest qualification** from:
  - Secondary School?
  - After you left Secondary School?  
(eg. Polytechnic, University or work studies)
- Was your highest qualification achieved in English? All trainees who **have not** completed a tertiary qualification at Level 3 or above in the English language, **must** complete a literacy and numeracy assessment.

### H. Previous education – Trainee to complete

What was the name and country of the last school you attended and what country was that in?		Name of School:	
		Country:	
What is the highest qualification you achieved at school?			
<input type="checkbox"/>	No qualification	<input type="checkbox"/>	University entrance
<input type="checkbox"/>	14 or more credits at any level	<input type="checkbox"/>	Overseas qualification (includes International Baccalaureate and Cambridge exams)
<input type="checkbox"/>	NCEA Level 1 or School Certificate	<input type="checkbox"/>	Other
<input type="checkbox"/>	NCEA Level 2 or 6th Form Certificate	<input type="checkbox"/>	Not known
<input type="checkbox"/>	NCEA Level 3 or Bursary or Scholarship		
What is the highest qualification you achieved after leaving school?			
<input type="checkbox"/>	No qualification	<input type="checkbox"/>	Level 6 Graduate Certificate, Diploma or Certificate
<input type="checkbox"/>	Level 1 Certificate	<input type="checkbox"/>	Bachelor Degree, Level 7 Graduate Diploma, Certificate or Diploma
<input type="checkbox"/>	Level 2 Certificate		
<input type="checkbox"/>	Level 3 Certificate	<input type="checkbox"/>	Postgraduate Diploma/Certificate, Bachelor Honours
<input type="checkbox"/>	Level 4 Certificate	<input type="checkbox"/>	Masters
<input type="checkbox"/>	Level 5 Diploma/Certificate	<input type="checkbox"/>	Doctorate
Was your highest qualification achieved in the English language?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Trainee read section N & O (page 5), complete section P if required, sign section Q and complete section R (page 6)

Trainee please **confirm section M** – who is paying Careerforce for your training programme?

**Note** if you are eligible for the Government Fees Free, you **must** choose this option. Please check eligibility from [www.feesfree.govt.nz](http://www.feesfree.govt.nz)

Please **read sections N and O**

Please provide the required identification - refer to **section V** for acceptable identification and ask your employer to verify it.

Please sign the Training Agreement - **section Q** and pass the completed Training Agreement along with supporting documents to your Employer.

## Section Q

Trainee please sign the declaration

By signing this declaration, you agree that the information given in this Training Agreement is correct

### Q. Trainee's declaration and signature – Trainee to complete

By signing here, you the trainee, acknowledge that the information supplied is correct to the best of your knowledge. You have read and agree to the terms and conditions listed in section N of the training agreement (page 5) and to the responsibilities listed below:

- I declare that I am the owner of the National Student Number (NSN) entered in section C (page 1)
- I understand that Careerforce will collect, use and store my personal information in the manner set out in section O of this agreement (page 5).
- I agree to:
  - achieve at least 10 credits per calendar year that I am enrolled (where I am enrolled for more than 90 days in the calendar year)
  - supply all my own evidence in assessments
  - take part in the Literacy/Numeracy Assessment programme if required
- I will advise Careerforce if I:
  - need to place my training agreement on hold
  - change my employer or
  - if any of my details (including contact details) change

Trainee's signature:

## Section R

### Trainee's Completion Checklist

- Use this section to check that the Training Agreement has been completed by you
- Hand the completed Training Agreement and Supporting documentation (identification) to your employer
- Ensure that you have attached your identification and that you have asked your employer to verify it

### R. Trainee's Completion Checklist - Trainee to check that all sections are complete

Trainee details completed		All other sections completed		Fees payable
<input type="checkbox"/>	• Full legal name	<input type="checkbox"/>	D. Ethnicity	<input type="checkbox"/>
<input type="checkbox"/>	• Date of Birth	<input type="checkbox"/>	E. Residency status	<input type="checkbox"/>
<input type="checkbox"/>	• NSN/NZQA number (if known)	<input type="checkbox"/>	F. Statistical data	<input type="checkbox"/>
<input type="checkbox"/>	• Residential address	<input type="checkbox"/>	G. Workplace sector	<input type="checkbox"/>
<input type="checkbox"/>	• Email address	<input type="checkbox"/>	H. Previous education	<input type="checkbox"/>
<input type="checkbox"/>	• Contact phone number	<input type="checkbox"/>	P. RPL process	<input type="checkbox"/>
		<input type="checkbox"/>	Q. Your signature	<input type="checkbox"/>
				<input type="checkbox"/>

M. Confirm who is paying the fee

**Identification documentation provided:**

- Passport
- Other acceptable identification - please check Section V (page 8)

Please return your Training Agreement to your Training Manager unless you were otherwise instructed.