Gateway Training  
Agreement

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| **A. Instructions** |
| Please note:   * **All sections must be completed.** (Please use checklists provided (pages 2 and 4) to confirm completion) * In this document, ‘student’ refers to the person who wishes to start training * Incomplete agreements cannot be processed and will be returned to the School Gateway Coordinator (as per Section B).   **If you have any questions or require help, please call your designated Careerforce Vocational Pathways Advisor or the Careerforce Client Services Team on 0800 277 486.** |

School Gateway Coordinator to complete sections B - C, H - K, and read section L

Student to complete sections D - G, and read section L

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| **B. School details** – Gateway Coordinator to complete | | | | |
| **School name:** |  | **Careerforce Account number:**  (If known) | |  |
| **School address:** | PO Box or Street address: | | Suburb: | |
| Town/City: | | Postcode: | |
| **Gateway Coordinator:**  **(Key Contact)** |  | | | |
| **Gateway Coordinator Email address:** |  | | | |
| **Gateway Coordinator Phone number:** | Work telephone: | Mobile: | | |

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| **C. Organisation for work placement details** – Gateway Coordinator to complete | | |
| **Work placement (organisation):** |  | |
| **Work placement contact:** |  | |
| **Work placement  Email address:** |  | |
| **Work placement  Phone number:** | Work telephone: | Mobile: |

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| **Gateway Coordinator go to section H (page 3)** |

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| **Student complete sections D – G, read section L (page 4)** | | | | | |
| **D. Student details** – Student to complete | | | | | |
| **Full legal name:**  (These details must match your NSN enrolment) | First name: | | Middle name: | | |
| Last name: | | Preferred name: | | |
| **Date of birth:** | Day/Month/Year | **Gender:** | Female | Male | Gender Diverse |
| **NSN number:** |  | | | | |
| **Email address:** |  | | | | |
| **Contact number:** | Home telephone: | | Mobile: | | |

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| **E. Ethnicity** – Student to complete | | | |
| To which of the following ethnic groups do you consider you belong? Please tick the appropriate box(es). | | | |
| NZ European/Pākehā | Niuean | Other Pacific | Filipino |
| NZ Māori\* | Cook Islands Maori | Indian | Chinese |
| Samoan | Tokelauan | African | Other Asian |
| Tongan | Fijian | Other *please specify:* |  |
| \* If you are of NZ Māori descent, please list the iwi with which you are affiliated. You may also provide the name of your hapu.  **Iwi: Hapu:** | | | |
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| **F. Student declaration and signature** – Student to complete | |
| * I declare that the information supplied on this form is true and correct to the best of my knowledge * I declare that I am the owner of the National Student Number (NSN) entered in section D (page 2) * I agree to supply all my own evidence in assessments * I have read section L. Privacy Act 2020 (page 4), and acknowledge that Careerforce and the school may hold the information collected to enable them to enrol me in the specified programme, and to allow them to monitor my progress appropriately * I acknowledge that TEC or its agents may undertake evaluations of, or audit Careerforce, and that I may be invited to take part in interviews as part of that process. In this event I understand that standard research ethics procedures will be followed, including protecting my identity and obtaining my informed consent. | |
| **Student signature:** |  |

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| **G. Student Completion Checklist** - Student to check that all sections are complete | | | | | |
|  | **D. Student details completed**   * Full legal name * Date of Birth * Gender |  | **D. Student details completed**   * NSN number * Email address * Contact phone number |  | **All other sections completed**   1. Ethnicity 2. Your signature |
| **Student read section L (page 4)** | | | | | |

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| **Gateway Coordinator complete sections H – K, read section L (page 4)** | | | | | | |
| **H. Qualification/programme selection** –Gateway Coordinator to complete | | | | | | |
| **Programme Options – please select the required training package:** | | | | | | |
| Full Qualification | | Gateway Foundation Package  (Please select Package below) | | | Gateway Micro-credential | |
| Individual Unit Standards – Aka Toi | | Individual Unit Standards – paper-based | | | | |
| ***If* Gateway Foundation Package or Micro-credential** was selected above, please select the required package: | | | | | | |
| Youth Work Foundation L3 | Cultural Confidence Foundation L3 | | Health & Wellbeing - Foundation L2 | | | Health & Wellbeing - Foundation L3 |
| Dental Assistance Foundation L3 | Foundation for Disability Support L3 | | Peer Mentoring for Youth Foundation L3 | | | Hygiene for Workplaces/Cleaning Micro-credential L2 |
| Health & Wellbeing - Health Basics L3 |  | | | | | |
| **Please select method for completing the Qualification** | | | | Complete via Iportal/Paper based  Complete via Aka Toi/Online | | |

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| **I. Unit standards (for this qualification/programme)** – Gateway Coordinator to complete | | | | | | |
| If completing a **Full Qualification**, please use the box below to tell us your elective units. **Individual Unit Standards:** Please indicate your individual unit standards in the box below. | | | | | | |
| **Unit standard number** | **Level** | **Credits** |  | **Unit standard number** | **Level** | **Credits** |
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| **Total credits:** | | | | | |  |

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| **J. Gateway Coordinator declaration and signature** – Gateway Coordinator to complete | | | |
| * I certify that the student meets the eligibility criteria to participate in the Gateway programme * I declare that the information supplied on this form is true and correct to the best of my knowledge * I verify that the student has signed the student declaration * I have read section L. Privacy Act 2020 (page 4), and acknowledge that Careerforce may hold the information collected on this form * I acknowledge that TEC or its agents may undertake evaluations of, or audit Careerforce, and that I may be invited to take part in interviews as part of that process. In this event I understand that standard research ethics procedures will be followed, including protecting my identity and obtaining my informed consent.   I am responsible for providing support to the student enrolled in this training agreement and agree that:   * The student identified in this training agreement currently attends school * I will provide support for the student to obtain a work placement position appropriate to the nature/scope of this training * I will advise Careerforce if the student’s training agreement is to be placed on hold or if the student leaves school or the work placement, their details change, or they withdraw from training. * Training registration fees will only be refunded (if applicable) if the student terminates within 3 months. | | | |
| **Gateway Coordinator name:** |  | | |
| **Gateway Coordinator signature:** |  | **Training Start Date:** |  |

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| **K. Gateway Coordinator Completion Checklist** | | | | | |
|  | **School details completed**   * School Name * School Address * Account Number (if known) * Gateway Coordinator * Contact details | 🞏 | **Work placement details completed**   * Organisation Name * Organisation Contact Name * Organisation Contact details |  | **Confirm Student details**   * Check Student sections complete |

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| **L. Privacy Act 2020** – Gateway Coordinator and Student please read |
| **Your Privacy**  ***What information do we collect about you?***   * Personal information that you provide on your training agreement, such as your name, date of birth, address, phone number, nationality, ethnicity, school, work placement and email address. * Personal information that you submit through Aka Toi, such as your username and password, assessment, or answers. * Assessment results that the assessor provides. * Other electronic and written communications between Careerforce and you, such as emails. * Aka Toi may use web cookies where required to allow that website to recognise you and keep track of your preferences.   ***How do we store information about you?***   * Personal information collected by Careerforce is stored on secure Careerforce servers. * Information collected through Aka Toi is held on our behalf by a third-party contractor. They will not share or disclose this information with anyone else except Careerforce.   ***Who do we share your information with?***   * Te Pūkenga, the New Zealand Institute of Skills & Technology (Careerforce is a business division of Te Pūkenga). * The New Zealand Qualifications Authority (NZQA) to officially register your credits. * The Tertiary Education Commission (TEC) who funds Careerforce and reports on population statistics and trends. * Your school, training providers who may be arranging part or all your training, work placement organisation and assessors. * Iwi authorities for reporting on population statistics and trends. * Other organisations as required by law, official government request, or to develop our services or protect our rights.   ***How do we use your information?***   * Your assessment evidence is used as part of Careerforce and NZQA’s moderation, evaluation, and quality control systems. * For research purposes and general statistics on performance. * Your email address is used to communicate with you. * When required we share your National Student Number (NSN) and NZQA Record of Achievement with your school, TEC, work placement organisation or assessor. * We act in accordance with the Privacy Act 2020 and the Unsolicited Electronic Messages Act 2007. |

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| **M. Name of Assessor - All Training Agreements must have an Assessor**  – Vocational Pathways Advisor to complete | | |
| **Type of Assessor:** | | Workplace  Full service  Approved Provider |
| **Assessor Name**: |  | |

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| **N. Processing –** Gateway Coordinator to action |
| Once you have checked all sections are complete, please send the training agreement to your Careerforce Vocational Pathways Advisor for processing.  **Email/Scan:** [schools@careerforce.org.nz](mailto:schools@careerforce.org.nz) **Phone** 0800 277 486 |