Training Agreement

Careerforce is a business division of Te Pūkenga

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| **A. Instructions** |
| * **All sections must be completed.** (Please use checklists provided on page 7 to confirm completion)
* In this document, ‘trainee’ refers to the person who wishes to start training
* The trainee must provide the required form(s) of **verified** identification (see page 8)
* Incomplete agreements cannot be processed and will be returned to the employer key contact (as per Section B).

**You may wish to download the document ‘How to fill out a Standard Training Agreement’ from our** [**website**](https://www.careerforce.org.nz/forms/)**. However, if you have any questions or require help, please call the Careerforce Client Services Team on 0800 277 486.** |

Employer to complete sections B, I - L, R - T

Trainee to complete sections C - H, confirm section L and complete sections O - Q

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| **B. Employer’s details** – Employer **must** complete  |
| **Company name:**(Legal Name) |       |
| **Trading name:**(if different to above) |       |
| **Branch:** |       | **Careerforce Account number:** |        |
| **Key contact name:** | **First name:** |       | **Last name:** |       |
| **Email address:*****(please use block letters)*** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| @ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Trainee’s work status:** | [ ]  Paid employee | [ ]  Voluntary/Unpaid with work agreement |
| **Trainee’s job title:**  |       |
| **Purchase order number:** (if required) |       |
| **Employer go to section I (page 4)** |

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| **C. Trainee’s details** – Trainee **must** complete  |
| **Full legal name:**(Full legal name as it appears on your passport or birth certificate) | **First name:** |       | **Middle name:** |       |
| **Last name:** |       | **Preferred name:** |       |
| **Previous name(s):** |       |
| **Date of birth:** |   |   | **/** |   |   | **/** |   |   |   |   | **Gender:** | [ ]  Female | [ ]  Male | [ ]  Gender Diverse |
| **NZQA/NSN number:**(if known) |       | *A National Student Number (NSN) that has previously been verified may be used as a form of ID* |
| **Address:** | **Street address:** |       | **Suburb:** |       |
| **Town/****city:** |       | **Postcode:** |       |
| **Email address:*****(please use block letters)*** |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| @ |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Please provide an email address to enable you to access the online training resources**  |
| **Contact number:** | **Home telephone:** |       | **Mobile number:** |       |

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|  **D. Ethnicity**– Trainee 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 Māori | [ ]  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, if known. If unknown, leave blank. You may also provide the name of your hapu. |
|  **Iwi:**  |       |  **Hapu:**  |       |
|  **Iwi:**  |       |  **Hapu:**  |       |

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| **E. Residency Status** – Trainee to complete |
| Please select your residency status ***and***attach the correct verified documentation. Please note:* You must provide the required verified identification. To be verified you must get the copies of your document(s) signed and dated by a person authorised to make declarations. 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, deed poll).
 |
| [ ]  **New Zealand citizen** (*including Cook Islands, Niue and Tokelau citizens)* | [ ]  **New Zealand permanent resident**  |
| [ ]  **Australian citizen**  | [ ]  **Other overseas** |
| If you select “**Other overseas**”, you will need to provide a verified copy of your Accredited Employer Work Visa (AEWV) to be eligible for domestic fees. If you are on any other type of Work Visa, you will need to provide a verified copy, and international fees will apply. To be verified you must get the copies of your Visa document(s) signed and dated by a person authorised to take declarations. **Your Accredited Employer Work Visa or ‘other’ Visa must cover the duration of the programme that you are enrolling in.** (Programmes vary in duration. **Please check this prior to enrolment**). |
| [ ]  **Accredited Employer Work Visa** | **Expiry date:** |   |   | **/** |   |   | **/** |   |   |   |   |
| [ ]  **Work Visa – other (international fees will apply)** | **Expiry date:** |  |  | **/** |  |  | **/** |  |  |  |  |

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| **F. Statistical data** – Trainee to complete |
| **Is English your second language?** | [ ]  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?**  |       |
| **Additional Support** – Trainee to complete |
| **Do you identify as having a disability or learning support need**  | [ ]  Yes [ ]  No |
| **Please provide further details (optional)** |       |
| **Are you happy for us to contact you to discuss the supports we can provide/assist with** | [ ]  Yes [ ]  No |

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| **G. Workplace sector** – Trainee to complete |
| What area will you mostly work in while completing this qualification? (**Please select only one**) |
| [ ]  Aged Care Home-based | [ ]  Mental Health and Addiction |
| [ ]  Aged Residential Care | [ ]  Public Health and Primary Care  (e.g. screeners, community health workers) |
| [ ]  Allied Health (e.g. dental, dietitian, rehabilitation assistants) | [ ]  Secondary Care  (e.g. health care assistants, orderlies)  |
| [ ]  Cleaning | [ ]  Social Services |
| [ ]  Pest Control | [ ]  Whānau Ora |
| [ ]  Disability | [ ]  Whānau/family and Foster Care |
| [ ]  Disability Home-based | [ ]  Youth Work |
| [ ]  Employment Support |  |

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| **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?**  |
| [ ]  | No qualification | [ ]  | University entrance |
| [ ]  | 14 or more credits at any level | [ ]  | Overseas qualification (includes International Baccalaureate and Cambridge exams) |
| [ ]  | NCEA Level 1 or School Certificate |
| [ ]  | NCEA Level 2 or 6th Form Certificate | [ ]  | Other |
| [ ]  | NCEA Level 3 or Bursary or Scholarship | [ ]  |  Not known |
| **What is the highest qualification you achieved after leaving school?** |
| [ ]  | No qualification | [ ]  | Level 6 Graduate Certificate, Diploma or Certificate |
| [ ]  | Level 1 Certificate | [ ]  | Bachelor’s degree, Level 7 Graduate Diploma, Certificate or Diploma |
| [ ]  | Level 2 Certificate |
| [ ]  | Level 3 Certificate | [ ]  | Postgraduate Diploma/Certificate, Bachelor Honours |
| [ ]  | Level 4 Certificate | [ ]  | Masters |
| [ ]  | Level 5 Diploma/Certificate | [ ]  | Doctorate |
| **Was your highest qualification achieved in the English language?** | [ ]  Yes | [ ]  No |
| **Trainee read section M & N (page 5), complete section O if required, complete section Q (page 7) & sign and date section P.** |

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| **Employer section I - L** |
| **I. Name of Assessor - All Training Agreements must have an Assessor** – Employer to complete |
| **Type of Assessor:** | [ ]  Workplace  | **Assessor Name:**(if known) |       |
| [ ]  Full-Service Contract |

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| **J. Qualification selection –** Employer to complete |
| **State the qualification your trainee is enrolling in:**  |
| **Qualification title:** |       |
| **Level:** |       | **Strand:** |       |
| **For Level 4 and above only** | **Specialisation:** |       |

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| **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: |
| [ ]   **Option 1: Where specified electives have been preselected for this programme by the employer.** |
| [ ]   **Option 2: Individualised programme of electives (please list below).** |
| [ ]   **Option 3: Full-Service Contract (Assessor provided or organised by Careerforce)** |
| **Unit standard number** | **Level** | **Credits** |  | **Unit standard number** | **Level** | **Credits** |
|       |        |        |        |        |        |
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| For a full list of available elective unit standards please contact your Careerforce Workplace Advisor. **Total credits:** |       |

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| **L. Fees payable** – Confirmed by Employer and Trainee |
| **Who will pay Careerforce the qualification fee, if applicable?** | [ ]  Employer | [ ]  Trainee  | [ ]  TEC Fees Free\*  |
| \***TEC Fees Free are mandatory if the trainee and the qualification meet the fees free criteria.** Tick the TEC Fees Free box if your status shows up as eligible. If you are unsure, please check your eligibility from: [www.feesfree.govt.nz](http://www.feesfree.govt.nz). If required, please submit a statutory declaration to TEC Fees Free to confirm your eligibility prior to submitting this form. The payee will be invoiced directly by Careerforce. By submitting this training agreement to Careerforce the payee agrees to pay the qualification fees for this programme. *\*Standard payment terms are the 20th of the following month from the date the invoice is issued* |
| **Employer read section M & N (page 5), complete section S (page 7) & sign and date section R.** |

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| **M. Training agreement terms** – Employer and Trainee please read |
| 1. This training agreement intends to set out the relationship between the parties arising from the Education and Training Act 2020. The Training Agreement ('TA') is a contract between Te Pūkenga – New Zealand Institute of Technology (Te Pūkenga), the Trainee, and the Employer. It forms part of the employment agreement between the employer and the trainee and is valid for as long as you remain in paid employment with your current employer.
2. Nothing in this training agreement will detract from or otherwise affect the operation of the provisions of the Employment Relations Act 2000 relating to personal grievances or to the enforcement of employment agreements between the employer and the trainee.
3. Te Kawa Maiorooro is the educational regulatory framework of Te Pūkenga – New Zealand Institute of Skills and Technology and addresses various matters that affect learners such as enrolment, assessment, complaints, and graduation. Te Kawa Maiorooro can be accessed through our website and can currently be located through [https://www.xn--tepkenga-szb.ac.nz/our-work/our-pathway/academic-delivery-and-innovation/academic-regulatory-framework/](https://apc01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.xn--tepkenga-szb.ac.nz%2Four-work%2Four-pathway%2Facademic-delivery-and-innovation%2Facademic-regulatory-framework%2F&data=05%7C01%7CTiff.Smith%40careerforce.org.nz%7C15bb86af89494552cb4808db12d3b11f%7C4b44121e72784517a101760c0df3fc6a%7C0%7C0%7C638124472665995104%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Scw%2BJOFmNtHoxQRvK6rD3%2BEqByrxYrbARCvM%2FqaeJqg%3D&reserved=0). The Learner acknowledges and agrees that Te Kawa Maiorooro (including any updates that are made to it) apply to the Learner and that the Learner will comply with it. However, where there is any inconsistency between any other terms of this training agreement and Te Kawa Maiororoo, then the terms of this training agreement will apply to the extent of that inconsistency unless notified otherwise.
4. Registration begins when a correctly completed and signed training agreement, and trainee identification is received by Careerforce. The training start date will be the date entered into the training start date field. If unknown, the date the employer has signed the training agreement will be used.
5. A three-month minimum enrolment period applies to any programmes (including Limited Credit Programmes) leading to the award of a New Zealand qualification or Apprenticeship.
6. This training agreement will cease for any of the following reasons:
	1. On the completion of this training plan.
	2. On termination of the employment agreement between the trainee and employer.
	3. If either the employer or employee request that this training agreement be terminated.
	4. A trainee has not reported any credits within the calendar year, as outlined in section P.
	5. A trainee/Apprentice has engaged in severe academic dishonesty, this includes but is not limited to: The presentation of assessment evidence obtained by deception or through the use of a paid assessment service.
7. Careerforce cannot register credits after this training agreement has ceased.
8. Request for termination of the training agreement must be received by Careerforce within one month of the termination date.
9. Training registration fees will be refunded (if applicable) if the trainee terminates within 3 months and Careerforce has been advised within 4 months of the training start date.
10. Training agreements cannot be transferred to another trainee.
 |
| **N. Privacy Act 2020** – Employer and Trainee 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, place of work 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.
* Literacy and numeracy results submitted through the Literacy Assessment tool.
* Other electronic and written communications between Careerforce and you, such as emails.
* Aka Toi uses web cookies where required for a particular feature to work. A cookie is information that a website stores on your computer and 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.
* The Tertiary Education Commission (TEC) may disclose your personal information to the Ministry of Education, the Ministry of Social Development (studylink), New Zealand Qualifications Authority and Inland Revenue to enable them to operationalize Fees-Free tertiary education where applicable.
* Training providers who may be arranging part, or all, of your training.
* Iwi authorities for reporting on population statistics and trends.
* Graduation ceremony organisers such as the Mayoral Taskforce for Jobs.
* Your employer and your assessor.
* 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 and mobile phone number is used to communicate with you about information relevant to your training.
* Your email address is used to provide you with other material (including promotional material, news, and event information).
* When required we share your National Student Number (NSN) and NZQA Record of Achievement with your employer or assessor.
* We act in accordance with the Privacy Act 2020 and the Unsolicited Electronic Messages Act 2007.

You can access and update your personal information at any time by calling Careerforce Client Services team on 0800 277 486 or email info@careerforce.org.nz |

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| **O. Recognition of Prior Learning (RPL)** – Trainee to complete if applying for RPL |
| **RPL Eligibility Criteria** (Use this checklist to make sure your request can be actioned)**:**[ ]  You (the trainee) believe your prior learning will lead to, or is equivalent to, the Careerforce programme specified in the qualification section (J) [ ]  The prior learning was awarded within the past 2 years[ ]  You are currently in a role relevant to the qualification you are enrolling in |
| **RPL Portfolio required:** [ ]  Attach a copy of all relevant evidence, documents etc. that show competence against the unit standards being enrolled in |

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| **P. 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 M 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 N 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), and that failure to achieve any credits within any 10-month period will result in this training agreement being placed on hold, and possible withdrawal after 12 months.
* Produce, generate, and 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
* Aka Toi users acknowledge that they have read the **Aka Toi Digital Security and Privacy** document on the Careerforce website.
 |
| **Trainee’s signature:** |  | **Date signed by Trainee:**day/month/year |       |

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| **Q. Trainee’s Completion Checklist** - Trainee to check that all sections are complete |
| [ ] [ ] [ ] [ ] [ ] [ ]  | **Trainee details completed*** Full legal name
* Date of Birth
* NSN/NZQA number (if known)
* Residential address
* Email address
* Contact phone number
 | [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | **All other sections completed**1. Ethnicity
2. Residency status
3. Statistical data
4. Workplace sector
5. Previous education
	* 1. RPL process
		2. Your signature and date
 | [ ] [ ] [ ]  | **Fees payable**L. Confirm who is paying the fee**Identification documentation provided and certified:*** Passport
* Other acceptable identification - please check Section U (page 8)
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| **R. 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.You have read and agree to the terms and conditions listed in section M 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) with my organisation.
* 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.
* Careerforce may communicate directly with the trainee, in accordance with section N 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.
* Where the trainee is employed on an Accredited Employer Work Visa, the training meets the conditions of the Visa. i.e. the study is required as part of the employment.
 |
| **Employer’s full name:** |       | **Employer’s** **position:** |       |
| **Employer’s signature:** |  | **Date signed by Employer:** day/month/year |       |
| **Training start date:** day/month/year **(*required)*** |       |

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| **S. Employer’s Completion Checklist** - Employer to check that all sections are complete |
| [ ]  | **Employee details completed*** Branch is the main office from which the trainee works
 | [ ] [ ] [ ] [ ] o | **All other sections completed**1. Assessor
2. Qualification
* Title, Level, Strand
1. Training Programme
* Select Option
* Electives provided (if required)
1. Your signature date and the training start date must be completed
 | [ ] [ ] [ ]  | **Fees payable**L. Confirm who is paying the fee**Confirm Trainee details*** Check Trainee sections complete.
* ***Trainee ID***
	+ 1. Received
		2. Verified
 |

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| **T. Processing –** Trainee andEmployer to action |
| Once you have checked all sections are complete, Trainee please return Training Agreement to your Employer.Employer please send the training agreement and identification documents to Careerforce Client Services for processing:**iportal:** Preferred method of communication, if you do not have iportal access please contact your Careerforce representative, or our Client Services Team on 0800 277 486**Email/Scan:** info@careerforce.org.nz  |

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| **U. Acceptable forms of Identification (TEC requirements)**  |
| **EITHER:** | A **National Student Number (NSN**) that has already been verified can be used as a form of identification. The number must be stated on the Training Agreement and all names and date of birth must match. |
| **OR:** | þÿþÿAn original or certified copy of a **current** **passport**. A Current NZ Passport |  A Current International Passport |
| **OR:** | **An original or certified copy of one or more of the following documents:** |
| þÿNZ Birth Certificate (issued after 1 January 1998\*) | Certificate of Identityþÿ | þÿNZ Citizenship Certificate | Expired Passport(NZ or International) that has not been cancelledþÿ |
| *\*Birth Certificates issued prior to 1 January 1998 are not acceptable* |
| Does the trainee name on the Training Agreement match the name on the above ID?YES - no further information is required.No - please attach one of the supporting documents shown here to show legal name change. |
| * NZ Marriage Certificate
* NZ Civil Union Certificate
* Change of Name by Deed Poll
 | * NZ Divorce Papers/Dissolution of Marriage
* Certificate of Annulment
* Change of Name by Statutory Declaration
 |
| **Identity and Verification Requirements** |
| To be accepted as **verified** you must get copies of your document(s) signed and dated (preferably with an official stamp) by a person authorised to take declarations. This could be a:* Justice of the Peace (JP)
* Lawyer
* Barrister
* Notary Public
* Court Registrar or Deputy Registrar
* Member of Parliament.

**What the person authorised to take declarations must do*** identify their official designation on the front of each page of the copy (preferably with an official stamp)
* sign and date the copy
* write the following words (or words to the same effect): ‘This is a true copy of an original document that I have sighted.’

All other pages of the verified copy must be initialled by the person signing. |
| **If you have any questions or require help, please call our Client Services Team on 0800 277 486.** |