



## General Information

How long has the learner worked in paid employment at any time? (please tick only one)

- Full-time work for one year or more  Full-time work for less than one year   
Part-time work only  Never worked in paid employment

What was the learner's main activity in the three months before this programme? (please tick one)

School  Private Training Establishment  Not in school, training or employment

Employed  Other Full-time training  Polytechnic

Wānanga  Overseas  Other

Does the learner have special literacy needs? Yes  No  (please tick one)

## Learner Declaration

I declare that all the information on this form is true and correct.

I authorise the provider to submit to the Tertiary Education Commission (TEC) the information contained on this form and in any supporting documentation. Where the information is submitted electronically the provider may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made the provider is to note the correction on the form).

I agree to notify the provider if any of the information I have provided changes.

I acknowledge that:

1. The information provided in this form is being collected and will be held by both the provider, to enable it enrol me in the programme specified, and the TEC, to enable it to provide and monitor funding in relation to that programme. The information may also be used for the other purposes set out in the enrolment form.
2. If I do not provide the information required I may be able to be enrolled in the programme I wish to take.
3. Under the Privacy Act 1993 I have a right to access and to request correction to any of my personal information. I can contact the provider at the address set out in my contract with it, and the TEC at PO Box 27-048, Wellington.

I authorise the training provider/broker and the Tertiary Education Commission to collect from and disclose to other Training providers/brokers, Work and Income New Zealand, Ministry of Education, New Zealand Qualifications authority, Workbridge, and employers, information that is required to:

1. Verify my eligibility for and record my progress on this and future training or to confirm an employment outcome.
2. Confirm credits that I have or may achieve on the National Qualifications Framework.
3. Verify my eligibility for student loans and allowances.
4. Compile information for statistical purposes.

I can contact the provider at the address set out in my contract with it, and the TEC at PO Box 27-048, Wellington.

Signed..... Print Name..... Date..... /..... /.....

1. I certify this learner meets the eligibility criteria for a fully funded training place.
2. I have verified that this learner is a New Zealand citizen or has Permanent Residence.
3. I certify that, to the best of my knowledge and belief, the information relating to this student is true and correct.
4. I have verified that this learner has signed the learner declaration.

## Provider Declaration

Signed..... Print Name..... Date..... /..... /.....

Provider name ..... Provider number.....