

2012 Request to Place Training Agreement On-Hold

You can post, fax or scan and e-mail your request form o:

Post: Client Services, P O Box 25255, Christchurch 8144

Fax: 03 371 9285

E-mail: info@Careerforce.org.nz

If you have any questions or require help with this process please call our Client Services Team on 0800 277 486.

EMPLOYER'S DETAILS			
Company name			
Key contact name			
E-mail address			
YOUR PERSONAL DETAILS			
Full legal name <small>(These details <u>must</u> match your evidence of residency as per the "residency status" section on page 3 following.)</small>	First name		Middle name
	Surname		Preferred name
Your date of birth <small>(e.g. 30/11/1985)</small>	Day / Month / Year		NZQA/NSN Number <small>(only if known)</small>
Mailing address	P O Box or street number		Street
	Suburb	Town/City	Postcode
E-mail addresses	Main		Backup
Contact number(s)	Work	Home	Mobile
ON-HOLD INFORMATION			
Reason for placing training on hold - please tick the appropriate box.			
<input type="checkbox"/> Health Concerns <input type="checkbox"/> Overseas Travel <input type="checkbox"/> Parental Leave <input type="checkbox"/> Family Commitments <input type="checkbox"/> ACC <input type="checkbox"/> Stop Training <input type="checkbox"/> Other <i>please specify:</i> _____			
Dates On-Hold period start date: _____ Estimated restart date: _____ The minimum on-hold period is 2 months, to a maximum of 6 months. Please give Careerforce 30 days notice of your intention to re-start training. One credit must be reported within 30 days of the re-start date.			
SIGNATURES			
Trainee: _____		Date: _____	
Employer: _____		Date: _____	

Itomic Number:	Date:	Actioned By:	Approved By: