

How to fill out a Standard Training Agreement

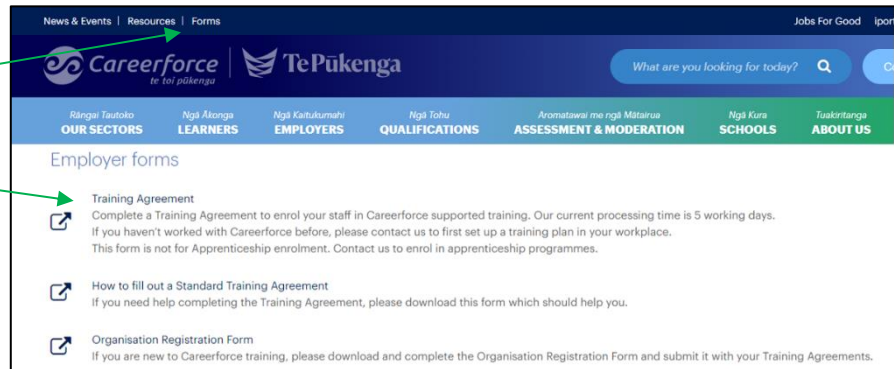
This guide is designed to support you understand the detail needed to fill out a training agreement.

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

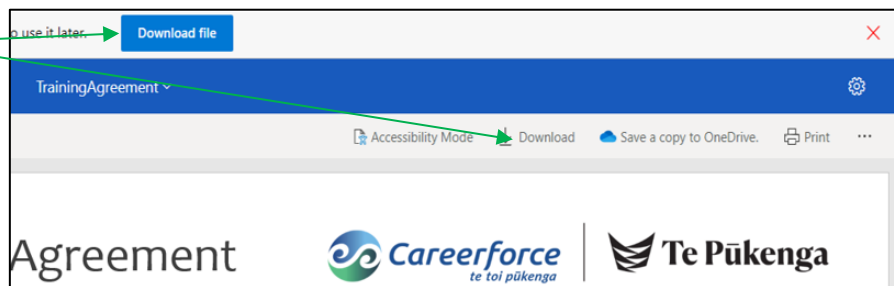
- Click on **Forms**
- Click on **Training Agreement**



Once you have clicked on **Training Agreement** it will open an editable form.

Alternatively, the below bar will display and you can download a copy to your computer. This will then open in the right side bar and you can open the file from there.

- Click on **Download file**



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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How to Fill in the Standard Training Agreement - Employers:

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

Section B

Add your details:

- **Company Name:** (the Companies Legal 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:		First name:	Last name:
Email address: (please use block letters)			
Trainee's work status:		<input type="checkbox"/> Paid employee <input type="checkbox"/> Voluntary/Unpaid with work agreement	
Trainee's job title:			
Purchase order number: (if required)			
Employer go to section I (page 4)			

- **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)

If you know who your assessor will be, please update.

Employer section I - L	
I. Name of Assessor - All Training Agreements must have an Assessor – Employer to complete	
Type of Assessor:	Assessor Name: (if known)
<input type="checkbox"/> Workplace <input checked="" type="checkbox"/> Full-Service Contract	

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:			
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
- **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)							
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.						Total credits:	

Section L

Fees Payable

- Who is paying Careerforce the qualification fee?
- **Promotion Code:** One will be provided by your Careerforce Workplace Advisor if applicable.
- If you tick that the trainee is paying the fee, please ensure they acknowledge that they are paying

L. Fees payable – Confirmed by Employer and Trainee

Who will pay Careerforce the qualification fee, if applicable? Employer Trainee Govt Fees Free/TTAF Careerforce Grant

Promotion code if applicable:

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.

You can access information regarding TTAF on our website.

(www.careerforce.org.nz/training/train-my-staff/fees-funding/ttaf/)

Employer read section M & N (page 5), complete section S (page 7) & sign and date section R.

Employer please **read sections M and N** 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 R and S** as follows. Refer to **section U** for acceptable identification.

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

Section R

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)

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.

That you, or an authorised person within your organisation, **have verified the identification provided and have sighted the original – refer verification guide in section U (page 8).**

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) or a voluntary/unpaid work agreement 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.

Employer's full name:

Employer's position:

Date signed by Employer:
day/month/year

Employer's signature:

Training start date:
day/month/year (if known)

Section S

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)

S. Employer's Completion Checklist - Employer to check that all sections are complete

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

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, Male or Gender Diverse)
- **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 (Aka Toi))
- **Contact numbers:** (please supply a contact number)

C. Trainee's details – Trainee must complete

Full legal name: <small>(These details must match your evidence of ID &/or residency. See section V)</small>	First name:		Middle name:	
	Last name:		Preferred name:	
Previous name(s):				
Date of birth:		/		/
NZQA/NSN number: <small>(if known)</small>	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Gender Diverse			
Address:			Suburb:	
	Street address:		Postcode:	
	Town/city:			
Email address: <small>(please use block letters)</small>				
	@			
Please provide an email address to enable you to access the online training resources				
Contact number:	Home telephone:		Mobile number:	

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.

Iwi:		Hapu:	
Iwi:		Hapu:	

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).

<input type="checkbox"/> New Zealand citizen (including Cook Islands, Niue and Tokelau citizens)
<input type="checkbox"/> New Zealand permanent resident
<input type="checkbox"/> Australian citizen
<input type="checkbox"/> Other overseas
<input type="checkbox"/> Work permit/work visa

Expiry date: / /

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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a disability (visual/hearing impairment or physical disability)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What were you doing immediately prior to entering training?		
<input type="checkbox"/> Secondary student	<input type="checkbox"/> University Student	<input type="checkbox"/> Overseas
<input type="checkbox"/> Non-employed or beneficiary	<input type="checkbox"/> Polytechnic Student	<input type="checkbox"/> Private Training Student
<input type="checkbox"/> Wage or Salary Worker	<input type="checkbox"/> College of Education Student	<input type="checkbox"/> Wananga Student
<input type="checkbox"/> Self-employed	<input type="checkbox"/> 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"/>	NCEA Level 2 or 6th Form Certificate	<input type="checkbox"/>	Other
<input type="checkbox"/>	NCEA Level 3 or Bursary or Scholarship	<input type="checkbox"/>	Not known
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's 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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trainee read section M & N (page 5), complete section O if required, complete section Q (page 7) & sign and date section P.			

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

Note if you are eligible for the Government Fees Free, you **must** choose this option when the qualification is not covered by TTAF (Targeted Training and Apprenticeship Fund). Please check eligibility from www.feesfree.govt.nz

Please **read sections M and N**

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

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

Section P

Trainee please sign the declaration

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

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)
 - 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

Section Q

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

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

<input type="checkbox"/>	Trainee details completed	<input type="checkbox"/>	All other sections completed	<input type="checkbox"/>	Fees payable
<input type="checkbox"/>	• Full legal name	<input type="checkbox"/>	D. Ethnicity	<input type="checkbox"/>	L. Confirm who is paying the fee
<input type="checkbox"/>	• Date of Birth	<input type="checkbox"/>	E. Residency status	<input type="checkbox"/>	Identification documentation provided and certified:
<input type="checkbox"/>	• NSN/NZQA number (if known)	<input type="checkbox"/>	F. Statistical data	<input type="checkbox"/>	• Passport
<input type="checkbox"/>	• Residential address	<input type="checkbox"/>	G. Workplace sector	<input type="checkbox"/>	• Other acceptable identification - please check Section U (page 8)
<input type="checkbox"/>	• Email address	<input type="checkbox"/>	H. Previous education		
<input type="checkbox"/>	• Contact phone number	<input type="checkbox"/>	O. RPL process		
		<input type="checkbox"/>	P. Your signature and date		

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