Standalone Unit   
Standard Application

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| **A. Instructions** |
| **Please note:**   * **All sections must be completed.** (Please use checklists provided (page 4) to confirm completion) * In this document, ‘trainee’ refers to the person who wishes to start training * The trainee must provide, and the **employer must verify**, the required form(s) of identification * Incomplete agreements cannot be processed and will be returned to the employer key contact (as per Section B).   **If you have any questions or require help, please call the Careerforce Client Services Team on 0800 277 486.** |

Employer to complete sections B, D – G, L and N

Trainee to complete sections C, confirm section G, and complete sections H, K & M

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| **B. Employer’s details** – Employer **must** 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)*** |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  | |  |  |  |  |  |  |  |  |  |
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| **Trainee’s work status:** | Paid employee | | | | | | | | | | | | | Voluntary/Unpaid with work agreement | | | | | | | | | | | | | | | | | | |
| **Trainee’s job title:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Purchase order number** (if required) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer go to section D (page 2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **C. Trainee’s details** – Trainee to complete | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Full legal name:**  (These details must match your evidence of ID &/or residency. See section H) | **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)*** |  |  | |  | | |  | |  | | |  | |  | |  | |  |  | |  | |  | |  |  |  | |  |  | |  | |  | |  |  |  |  | |  |  |  |  |  |
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| **Please provide an email address to enable you to access the online training resources** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact number:** | **Home telephone:** | | | | | | | | | |  | | | | | | | | | | | | | | | | | **Mobile:** | | |  | | | | | | | | | | | | | | |

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| **Employer section D - G** | | | | |
| **D. Programme Enrolment –** Employer to complete | | | | |
| This application is for the trainee to enrol in up to 3 unit standards, including the Cultural Competency units **(Note: No certificate will be issued at the completion of these units)** | | | | **Cost:** $85.00 incl GST |
| This application is for the trainee to enrol in up to 3 unit standards to **complete a New Zealand Qualification**. A certificate will be issued and the qualification will awarded. | | | | **Cost:** $110.00 incl GST |
| **State the qualification your trainee is enrolling in** | | | | |
| **Qualification title:** | |  | | |
| **Level:** |  | **Strand:** |  | |

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| **E. Unit standard selection –** Employer to complete | | | | |
| **Unit standard number** | **Unit standard description** | **Level** | **Version** | **Credit value** | |
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| **F. 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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| **G. Fees payable** – Confirmed by Employer and Trainee | | |
| **Who will pay Careerforce the qualification fee, if applicable?** | Employer | Trainee |
| **Please note:**   * The fee is not refundable. * The payee will be invoiced directly by Careerforce. An additional fee will apply when assessor type is Full Service Contracted. * By submitting this training agreement to Careerforce the payee agrees to pay the qualification fees (where applicable).   \**Standard payment terms are the 20th of the following month from the date the invoice is issued.* | | |
| **Employer read section I & J (page 3), sign & date section L, check section N (page 4)** | | |

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| **H. 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 P (page 5) 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 copy of your Work Permit/Visa. **Your work visa must cover the duration of the programme that you are enrolling in.** (Programmes can vary in duration. **Please check this prior to enrolment**) | | | | | | | | | | | | |
| **Work permit/work visa** | | **Expiry date:** |  |  | **/** |  |  | **/** |  |  |  |  |

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| **I. 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. * 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](mailto:info@careerforce.org.nz) |

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| **J. Application Terms** – Employer and Trainee please read |
| **Application Terms:**   * The trainee can enrol in up to three unit standards once in the calendar year * The employer is responsible for organising the learning and assessment and paying any associated fees (where applicable) * Assessment must be undertaken by a Careerforce Registered Assessor * All the unit standards must be completed within 12 months * Only unit standards that are currently in Careerforce qualifications may be selected. * Careerforce cannot register credits after this training agreement has ceased * As part of transitioning to a single network of vocational education, Te Pūkenga has developed [Te Kawa Maiorooro, Te Pūkenga educational 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%7CSam.Gray%40careerforce.org.nz%7C8c1e095cae8b4bb7e4d208dad891e4fb%7C4b44121e72784517a101760c0df3fc6a%7C0%7C0%7C638060418364317686%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=ytFJswcjif2HBIQMaHqIIpmOE%2Bi1PSAD9bX1zDJ%2BWFk%3D&reserved=0).  Te Kawa Maiorooro covers regulations that affect learners such as enrolment, assessment, complaints and graduation.  Te Kawa Maiorooro has not yet replaced all of the policies and procedures of Careerforce, so where something is not covered by Te Kawa Maiorooro, Careerforce policies and procedures still apply.  If you have any questions, contact info@careerforce.org.nz or quality@tepukenga.ac.nz |

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| **K. 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 J of the training agreement (page 3) 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 I of this agreement (page 3).** * **I will advise Careerforce if I change my employer or if any of my details (including contact details) change.** * **I agree to produce, generate, and supply all my own evidence in assessments** | |
| **Trainee’s signature:** |  |

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| **L. 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 P (page 5).***  You have read and agree to the terms and conditions listed in section J of the training agreement (page 3) 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 organization. * Careerforce may communicate directly with the trainee, in accordance with section I of this training agreement (page 3). * 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 terminated or if the trainee leaves the employment of this organization. | | | |
| **Employer’s full name:** |  | **Employer’s**  **position:** |  |
| **Employer’s signature:** |  | **Training start date:** Day/month/year |  |

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| **M. Completion Checklist**  - Trainee to check |  | **N. Completion Checklist**  - Employer to check |
| **All sections completed**  **Confirm that:**  E. Unit Standards are selected  G. Who is paying the fee  **Check that you have provided identification documentation:**  Passport  Other acceptable identification - please check  Section P (page 5) | **All sections completed**  **Confirm that:**  D. Qualification is stated  E. Unit Standards are selected  F. An assessor has been allocated  G. Who is paying the fee  **Confirm Trainee details:**  Check Trainee sections complete  **Check Trainee ID:**  Received and Verified |

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| **O. Processing –** Trainee andEmployer to action |
| Once you have checked all sections are complete, trainee please return the 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](mailto:info@careerforce.org.nz) |

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| **P. 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:** | A Current **New Zealand photo driver licence**  Please copy and verify **BOTH** sides of the licence | | | | |
| **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 Identity  þÿ | | þÿNZ Citizenship Certificate | Expired Passport  (NZ or International) that has not been cancelled  þÿ |
| *\*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 | | |
| **Employer** please certify the original ID has been sighted, with a signature and date on the copy of the identification provided | | | | | |
| The **original** document must be sighted by the on-site assessor or manager.  The **photocopy** must also state the workplace, and it must be signed and dated by the on-site assessor or manager who has verified the document.  The **photocopy** of this original document must state the following: *“I certify that I have sighted the original and this is a true photocopy*.” (see stamp).  Stamps can be obtained from Careerforce.  Ask your Careerforce Workplace Advisor to bring one out when they next visit, or contact Client Services to post one to you. | | | | | |
| **If you have any questions or require help, please call our Client Services Team on 0800 277 486.** | | | | | |