Gateway Training Agreement  
Extension Request

|  |
| --- |
| **A. Instructions** |
| Please ensure the criteria for this request is met:  The student is enrolling on a second or subsequent Gateway programme  The previous Training Agreement for this student was submitted in the current school year  You are the same school as shown on that Training Agreement  Please note:   * The terms and conditions of the Training Agreement will apply to this enrolment * The date the school signs this Training Agreement Extension Request is the start date for this Gateway package * Careerforce reserves the right to request a new Training Agreement   **If you have any questions or require help, please call your designated Careerforce Vocational Pathways Advisor 0800 277 486.** |

School Gateway Coordinator to complete sections B – D & F

Student to complete section E

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gateway Coordinator complete sections B – D & F** | | | | |
| **B. School details** – Gateway Coordinator to complete | | | | |
| **School name:** |  | **Careerforce Account number:**  (if known) | |  |
| **Student name:** |  | | | |
| **Trainee NSN:** |  | **Date of Birth:** |  | |
| **Email:** |  | **Contact number:** |  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **C. Qualification/programme selection** –Gateway Coordinator to complete | | | | |
| **Programme Options – please select the required training package:** | | | | |
| Engage Gateway Package (Up to 7 credits) | | Explore Gateway Package (Up to 12 credits) | | Experience Gateway Package (Up to 23 credits) |
| Full Qualification | | Approved Provider | |  |
| **State the qualification the selected units are from:** | | | | |
| Health and Wellbeing (L2) | Youth Work (L3) | | Cleaning (L2) | Cleaning (L3)  (Engage or Explore Package only) |
| Health and Wellbeing (L3) – **Select strand if full qualification:**  Support Work  Health assistance | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **D. Unit standards (for this qualification/programme) –** Gateway Coordinator to complete | | | | | | | | |
| **Compulsory units: If completing the Full Qualification, the student will automatically be enrolled in the compulsory units for the qualification.**  **Elective units: Please indicate the elective units selected for the student programme:** | | | | | | | | |
| **Unit standard number** | | **Level** | **Credits** |  | **Unit standard number** | **Level** | **Credits** |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
|  | |  |  |  |  |  |
| A full list of available elective unit standards can be found at <https://www.careerforce.org.nz/high-schools/for-schools/>, in the Gateway book, or by contacting your Careerforce Vocational Pathways Advisor. **Total credits:** | | | | | | |  |
| **E. Student declaration and signature** – Student to complete | | | | | | | | |
| By signing here, you the student, acknowledge that the information supplied is correct to the best of your knowledge.  I declare that I am the owner of the National Student Number (NSN) entered on page 1.  Careerforce terms and conditions and the responsibilities listed in the Training Agreement that you have previously agreed to, will apply to this enrolment.  Aka Toi users acknowledge that they have read the Aka Toi Digital Security and Privacy document on the Careerforce website.  Refer to the Training Agreement page: [www.careerforce.org.nz/employers/training-agreement/](http://www.careerforce.org.nz/employers/training-agreement/) to view and download this document. | | | | | | | | |
| **Student signature:** | |  | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **F. Gateway Coordinator declaration and signature** – Gateway Coordinator to complete | | | |
| By signing here, you the Gateway Coordinator, acknowledge that the information supplied is correct to the best of your knowledge.  Careerforce terms and conditions and the responsibilities listed in the Training Agreement that you previously agreed to, will apply to this enrolment. | | | |
| **Gateway Coordinator name:** |  | | |
| **Gateway Coordinator signature:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| **G. Name of Assessor - All Training Agreements must have an Assessor**  – Vocational Pathways Advisor to complete | | |
| **Type of Assessor:** | | Workplace  Contracted (full service)  Approved Provider |
| **Assessor Name**: |  | |

|  |
| --- |
| **H. Processing –** Gateway Coordinator to complete |
| Once you have checked all sections are complete, please send the training agreement to your Careerforce Vocational Pathways Advisor for processing.  **Email/Scan:** [schools@careerforce.org.nz](mailto:schools@careerforce.org.nz) **Phone** 0800 277 486 |