# Organisation Registration

# Form

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| Organisation details | |
| Company name: |  |
| Site/Area/Location: |  |
| Trading name: (if different to above) |  |
| Parent Company: |  |
| District Health Board: |  |

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| Contact details Provide the primary reception phone number and administrative email address | | | |
| **Main phone:** |  | **Fax:** |  |
| **General email address:** |  | **Website:** |  |

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| Primary Contacts Provide full name of the contact (aka name in brackets) | | | |
| **CEO:** |  | **Manager:** |  |
| **Phone:** |  | **Phone:** |  |
| **Email:** |  | **Email** |  |

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| **Training Coordinator:** |  | **Literacy**  **Coordinator:** |  |
| **Phone:** |  | **Phone:** |  |
| **Email:** |  | **Email** |  |

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| Contact details For courier deliveries, we require both the postal and physical address | |
| **Postal:** | **Physical:** |
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| Certificate Delivery Address If different from postal and physical address above | |
| **Attention To:** |  |
| **Physical Address:** |  |

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| Organisation Sector |
| **Which Sector does this organisation primarily operate in? (please select one)** |
| Aged Residential Care  Cleaning and Pest Management Services  Disability Support  Healthcare Services  Home and Community Care  Mental Health and Addiction Support  Social Services  Youth Work  Other (please specify): \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Organisation Description Use this section to describe your organisation |
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| PreferencesPlease select below your preferences of either paper-based or on-line | | |
| **Literacy & Numeracy** | **Paper-based** | **On-line** |
| **Learning Resources** | **Paper-based** | **On-line (Aka Toi)** |

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| Reporting and Monitoring Who should the monthly training reports be sent to? | | | |
| **Name:** |  | **Name:** |  |
| **Email:** |  | **Email:** |  |

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| Finance Who will pay the qualification fee? (Please tick the one option that will apply) | | | | |
| **Employer**  **Parent Company**  **Trainee** | | | | |
| **Financial Contact:** |  | **Email:** |  | |
| **Is a Purchase Order Number required per Trainee?** | **Yes**  **No** | **Branch Purchase order Number:** | **Branch P/O #:** |  |

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| Returning the Form |
| You can scan and email this organisation form to: [info@careerforce.org.nz](mailto:info@careerforce.org.nz)  Or Post to: Client Services, Careerforce, PO Box 25 255, Christchurch 8144  If you have any questions or require help, please call our Client Services Team on 0800 277 486. |