

Pursuant to the Industry Training Act 1992, the parties to this Training Agreement with EXITO are The Employer and The Employee:

Step 1 – The Employer (please print clearly)

| | | | |
|---|--|---|---|
| Company Head Office: | | | |
| Worksite: | | | |
| Contact Person: | | Position: | |
| Postal Address: | | | |
| Street: | | Suburb: | City: |
| Office Phone: | | Mobile: | |
| Email: | | Fax: | |
| The Training Agreement Fee is \$150.00 per employee (includes GST) plus \$25 membership fee per year. | | | |
| <input type="checkbox"/> Enclosed Cheque payable to EXITO | | <input type="checkbox"/> Invoice Employer Order Number: _____ | <input type="checkbox"/> Invoice Employee |

Step 2 – The Employee (please print clearly)

| | | | |
|----------------|-------------------|---|------------------|
| Trainee Name: | | | |
| | <i>First Name</i> | <i>Middle Name</i> | <i>Last Name</i> |
| Home Address: | Street: | | |
| | Suburb: | City: | |
| Date of Birth: | ____/____/19____ | Male <input type="checkbox"/> Female <input type="checkbox"/> | |
| Home Phone: | | Mobile: | |
| Email: | | Fax: | |

NZQA National Student Number (NSN): _____

If you do not have an NZQA number, EXITO will apply for one. We will require evidence of DOB for this e.g. copy of Birth Cert/passport.

What is your Ethnic Group?

- NZ European/Pakeha NZ Maori – Which Iwi: (Please list) _____
 Pacific Islander Other (Please list) _____

Is English your first language Yes No (Please specify your first language) _____

Do you have any Disability of any kind that may affect your learning No Yes (Please specify) _____

What were you doing before starting this Training Agreement?

- At school At Tertiary Provider Unemployed Employed

Name of last school attended _____ **what was your last year at school** _____

What High school Qualification do you have? (Please select your highest qualification)

- No qualifications 6th Form or at least 12 credits at NQF Level 2
 5th Form or at least 12 credits at NQF Level 1 7th Form or at least 12 credits at NQF Level 3

What Post school Qualification do you have? (Please select your highest qualification)

- Sub Degree (National Cert-NQF L 2-3 or Trade Cert-NQF L 4-5 or National Diploma-NQF)
 Degree

Step 3 - Employee and Employer: Generic Industry Qualifications

The Qualification the Employee wishes to train towards: **Please tick ONE qualification from the following:**

| Generic Qualifications | Level | Duration | Tick |
|---|--------------|-----------------|-------------|
| <i>National Certificate in</i> | | | |
| 1111 Occupational Health and Safety (Workplace Safety) | 1 | 12 | |
| 0008 Business Administration and Computing | 2 | 12 | |
| 0633 Business Administration and Computing | 3 | 12 | |
| 0712 Materials Management | 3 | 12 | |
| 0743 Business (First Line Management) | 3 | 12 | |
| 0801 Occupational Health and Safety (Workplace Safety) | 3 | 12 | |
| 0369 Quality Management | 4 | 24 | |
| 0378 Adult Education and Training with strand in New Zealand Environment | 4 | 12 | |
| 0378 Adult Education and Training with strand in International Environment | 4 | 12 | |
| 0634 Business Administration | 4 | 24 | |
| 0649 Business (First Line Management) | 4 | 12 | |
| 0944 Occupational Health and Safety (Co-ordination) | 4 | 12 | |
| <i>National Diploma in</i> | | | |
| 0370 Business Administration | 5 | 36 | |
| 1499 Business | 6 | 55 | |

Terms of Agreement

The Employer And The Employee Agree As Follows:

- 1 The training will commence from the date of this agreement and will be for at least twelve months.
- 2 Training Commencement and Completion
 - The training specified in this Agreement will commence upon EXITO receiving this form completed. The start date will be as per the Training Agreement Acknowledgment that EXITO will forward to the Employee.
 - The initial term of this agreement will be no less than 12 months.
- 3 The Employer will provide training to the Trainee in accordance with the specific requirements of the designated training programme.
- 4 I, as the trainee:
 - Commit to meeting the requirements of my selected training programme. If it is not achieved EXITO may terminate this Training Agreement.
 - Have read the training plan(s) of the qualification(s) I have enrolled into.
 - Shall undertake the training and learn the skills and knowledge of the industry as set down in the requirements of the designated training programme.
 - Authorise EXITO to exchange information related to my training with NZQA, the Tertiary Education Commission, my Training Provider, my employer and my assessor in accordance with the Privacy Act, including results of any pre or post training assessment undertaken for Literacy and Numeracy.
 - Declare that the particulars given are correct and I hereby apply to be registered as a Trainee for the Unit Standards towards the designated national qualification.

Privacy Act

I authorise EXITO staff and their agents to collect and hold information relevant to this Training Agreement and distribute such information as is necessary to facilitate the management of my industry training, (providing it is done in accordance with the Privacy Act 1993), to any Teaching Institution, Industry Training Organisation, NZQA, MOE and TEC. If the employer meets the training costs, the employee authorises EXITO to exchange information with the employer, including results of training and any further relevant information. I agree to advise EXITO if my personal information is incorrect or changes and I understand that EXITO will hold my information securely and that I may have access to it at any time.

Step 4 - Employee and Employer - Signatures

| | | |
|---|--|-------|
| Employer* | I agree to the terms and conditions on page 3 of this document and confirm all steps have been taken to ensure the trainee understands his/her training obligations: | |
| Name: | Signature*: | Date: |
| Employee/Trainee* | I confirm that the information given on this form is true and correct and that I understand my responsibilities as a trainee, as outlined on page 3: | |
| Name: | Signature*: | Date: |
| Signed by Parent/Guardian if Trainee under 18 yrs old | | Date: |
| EXITO* | EXITO confirms that an EXITO representative has read, understood and agreed to the associated TEC terms and conditions related to this programme. | |
| Name: | Signature*: | Date: |

*Forms will not be accepted unless signed by hand. Employee & Employer cannot be the same person.

Thank you and all the best with achieving your industry qualification

Step 5 – Employer: Check all Steps are completed. Return form to EXITO

| | | |
|------------------------------|--------------------|-----------------|
| EXITO Office use only | ANZSIC Code: _____ | MOE Code: _____ |
|------------------------------|--------------------|-----------------|