

Skills Active Training Agreement

Instructions and Important Information

Who can be a Skills Active Trainee?

To be eligible to be a Skills Active Trainee you must be 16 years of age or over and in one of the following arrangements:

- an employee who is employed and working in New Zealand; or
- a self-employed contractor working in New Zealand under an arrangement with an organisation in the nature of employment; or
- a person volunteering in New Zealand under an arrangement with an organisation in the nature of employment.

What ID do I need to provide as a first time trainee with Skills Active?

As you are entering a NZ Government funded programme, you must provide one of the following ID:

- Birth certificate (issued after 1 January 1998)
- Certificate of identity
- New Zealand certificate of citizenship
- Expired passport that has not been cancelled
- Current passport
- Current New Zealand firearms licence
- Current New Zealand photo driver licence (Front and Back)

If you are working in New Zealand on a work permit or visa, you must also provide a copy of this.

Your workplace/host organisation will be invoiced as per the fee schedule in their Workplace Relationship Agreement. **Skills Active does not invoice individual trainees for their fees.** Invoices will only be raised with the Workplace/Host Organisation. The organisation can then on-charge the fees to the trainee if that is the arrangement.

Need help?

Your Skills Active Learning Support Advisor will assist you in completing this Training Agreement. You can contact them on 0508 4 SKILLS (0508 475 4557).

1. Trainee Details

National Student Number
(if known)

Have you been enrolled with Skills Active in the past?

Yes No

Title Gender Date of birth

*If you answered "Yes" please provide your national student number.
If you answered "No" please attach ID as shown above.*

First names

Last name

Known as

Previous / Maiden name

Ethnicity Primary

Iwi

Secondary

Hapū

Postal Address

Street

Home phone

Suburb

Mobile

City

Email

Postcode

Preferred contact method (please tick one option only) Email Phone Txt Mail

2. Residency Status

Please select your residency status.

New Zealand citizen
(including Cook Islands, Niue and Tokelau citizens)

New Zealand permanent resident

Work permit/work visa

Note: you must provide a copy of your Work permit or work visa.

Australian citizen

3. Employer / Host Organisation Details

Workplace /
Host Name

City/Town

Employed

Volunteer

Self-Employed

Trainee start date

Trainee Job
Role

4. Education Details

Is English your first language? Yes No

Do you have a disability that may affect your learning? Yes No

If you do have a disability we will contact you to discuss how to best support your learning.

Are you currently attending a secondary school? Yes No

Last year at secondary school

Last School Attended

New Zealand School

Name of High School

Overseas School

Country

What were you doing before starting this work / employment and training?

Secondary School Student

University Student

Living and / or working overseas

Non-employed or Beneficiary

Polytechnic Student

Private Training Student

Wage or Salary Worker

College of Education Student

Wananga Student

Self-Employed

House-person or Retired

Highest School Qualification

No formal secondary school education

NCEA Level 2 or 6th Form Certificate

Overseas qualification
(including Baccalaureate & Cambridge Exams)

14 or more credits at any level

University Entrance

Other

NCEA Level 1 or School Cert

NCEA Level 3 or Bursary or Scholarship

Post-School Qualification

No qualification

Level 5 Certificate / Diploma

Postgraduate

Level 1 Certificate

Level 6 Graduate Certificate

Bachelor Honours

Level 2 Certificate

Level 6 Diploma / Certificate

Masters Degree

Level 3 Certificate

Bachelor Degree, Level 7 Graduate
Diploma / Certificate

Doctorate Degree

Level 4 Certificate

Level 7 Diploma / Certificate

5. Qualification Details

The **Learning and Assessment Plan (LAP)** for the qualification you are signing up for must be attached to this Training Agreement. LAPs are available on our qualifications page at www.skillsactive.org.nz. Your Learning Support Advisor will assist you with this, if you require assistance.

State the qualification you are enrolling into.

Qualification name

6. Signatures

Trainee

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 the training agreement (section 7) and to the responsibilities listed below.

I agree to:

- Achieve at least 10 credits for each 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.
- Work to complete my qualification in the required time period.
- Advise Skills Active if I need to: place my training agreement on hold; or, my employer has changed; or, if any of my details (including contact details) change.
- To work to the *Code of Ethical Practice for Recreation Professionals* (a copy can be found on www.activecv.org.nz); and
- That I have disclosed any history of fraud, dishonesty or criminal activity that could cause doubt over my fitness or ability to act in my role to my employer; and
- I have the literacy and numeracy skills to allow me to fulfill my role.

Trainee Signature

Name

Employer / Host Organisation

By signing here you, the employer, acknowledge that the information supplied is correct to the best of your knowledge. You have read and agree to the terms and responsibilities of this training agreement, and to the terms and conditions of trade, available in the 'about us' section on our website.

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 volunteer/unpaid work arrangement that is in the nature of employment. If a volunteer/unpaid arrangement, there must be an agreement in place with:
 - clear contractual obligations between the parties
 - regular or rostered hours of duty, commitments to attend work on a regular or when required basis
 - a command and control structure
 - an arrangement that can be subject to termination for unsatisfactory performance
- I will provide workplace support to the trainee of a type and level appropriate to the nature/scope of this training
- I will advise Skills Active if the training agreement is to be placed on hold or if the trainee leaves the employment of this organisation

Employer / Host Organisation Signature

Employer / Host Organisation Name

Job title

Phone

Email

Preferred contact method (please tick one option only) Email Phone Txt Mail

Purchase Order Number (if applicable)

7. Terms of Agreement

- **Eligibility:** To be eligible to be a Skills Active trainee you must be 1) employed with a workplace; or 2) a volunteer with a host organisation in a manner that is equivalent to a worker role; or 3) a self-employed contractor contracted to a host organisation.
- **Training Agreement:** This Training Agreement will begin when Skills Active has received full and complete documents and will run for the agreed programme time. An extension of time to complete the training will require written approval from Skills Active.
- **Authorisation:** In signing this Agreement, the trainee and Employer / Host Organisation authorise Skills Active to collect and exchange information with any government agency, NZQA, assessors, or other Industry Training Organisations for the purpose of administering training and assessment activities.
- **LLN:** To assist you in your journey and to help us provide the best service possible, if you have not in the past taken part in a formalised qualification via a TEC approved qualifications provider, you will be required do a Literacy, Language and Numeracy (LLN) assessment online.
- **Fees Free:** You are entering into this agreement in good faith knowing that you have checked your eligibility for the New Zealand Government's Fees Free scheme (this can be checked by inputting your NSN at www.feesfree.govt.nz), and that completing this qualification may affect your future fees free eligibility.

8. Privacy Act 1993

Skills Active respects the privacy of trainees. This privacy statement explains how we may collect, store, use and disclose personal information that you provide to us. You the trainee, authorise Skills Active staff and its agents to:

- collect and securely hold information relevant to this training agreement (note: you can access your personal information on request).
- distribute this information as necessary to manage your training (in accordance with the relevant provisions of the Privacy Act 1993) to the New Zealand Qualifications Authority (NZQA), the Tertiary Education Commission (TEC), education training providers, iwi authorities, graduation ceremony organisers and your employer.
- keep you informed of any changes or updates to qualifications or services, and to support your progress using electronic communications in accordance with the provisions of the Unsolicited Electronic Messages Act 2007.
- use your assessment evidence as part of Skills Active's and NZQA's moderation or quality control systems. Skills Active will remove all references to people/places before using this information for external moderation purposes.
- provide your employer and assessor with your National Student Number ("NZQA hook-on number") and your NZQA Record of Achievement (ROA).
- allow Skills Active and my employer access to the personal information created by the Literacy Assessment Tool for teaching and learning purposes only.
- allow Skills Active and the TEC to use the information and results for research purposes and general statistics on tertiary education.
- Promote your successful completion details on NZRRP if appropriate.

Final check

Have you:

Included appropriate ID if a first time Skills Active trainee? (see important info section at beginning of this form)

Attached the correct Learning and Assessment Plan?

Got your workplace to sign section 6?

9. Skills Active Approval

Learning Support Advisor Signature

Sign Date

Learning Support Advisor Name

Accuracy and signature checked
Appropriate ID sighted and attached
Learning and Assessment Plan attached
Work permit/visa (if applicable)
Fees Free eligible

Notes: