

NZQA Verification Template

Application for a Skills Active National Award - Please include a copy of each applicants ROL

Note:

Award Certificate Issue Fee @\$10 per Award
 (National Award in Outdoor Experiences L2 Issue Fee @\$5 per Award)

FULL NAME OF NATIONAL AWARD			
National Award in			

FIRST NAMES	SURNAME	NSN Number (xxx-xxx-xxxx)	DATE OF BIRTH	Completion Date	Skills Active USE ONLY	
					Date Requested	Date Award Issued

Requested By:	
Workplace Name:	
Workplace Postal Address:	

Return with payment and copy of each applicants ROL to:

RECEIPT NO:	DATE:	NO. OF CERTIFICATES TO VERIFY @ \$10.00 each	
		Qty	Total Cost

Skills Active
 Client Services Manager
 PO Box 2183
 Wellington

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