NZQA Verification Template

ISSUING PROVIDER TO COMPLETE - Please include a copy of each applicants ROL

QUALIFICATION CODE:

FULL NAME OF CERTIFICATE/DIPLOMA, STRAND, LEVEL AND VERSION:	NQF NUMBER	STRAND	VERSION
(Prog#) National Certificate in			

Skills Active ID	FIRST NAMES	SURNAME	NZQA ID	DATE OF BIRTH	Completion Date	NZQA USE ONLY	
						Date Requested	Date Cert Issued

Requested By:	
For Workplace:	
Workplace Postal Address:	

Return with payment and copy of each applicants ROL to:

Skills Active
Client Services Manager
PO Box 2183
Wellington

RECEIPT NO:

DATE:	NO. OF CERTIFICATES TO VERIFY @ $15.00 each	
	Qty	Total Cost