

# ATTO TRAINING AGREEMENT

PLEASE PRINT CLEARLY



## TRAINEE DETAILS.

**Name** (Please use your legal names)

Title  Mr  Mrs  Miss  Ms

First Names: Surname:

## HOME ADDRESS

Street:

Suburb: Town/City: Postcode:

**PHONE:** Home: ( ) Mobile: ( ) **EMAIL ADDRESS:**

**DATE OF BIRTH** (dd/mm/yy): / / **GENDER:** Male  Female

**NSN/NZQA ID No:** *If you do not have an NZQA ID number ATTO will apply for one on your behalf. You will need to supply a verified photocopy of proof of identify. (I.e. Birth Certificate, Passport)*

**ETHNIC ORIGIN:** (Please tick) ✓ **HIGHEST PREVIOUS QUALIFICATION:** (Please tick) ✓

European/Pakeha <input type="checkbox"/>	Tongan <input type="checkbox"/>	Indian <input type="checkbox"/>	5 <sup>th</sup> Form / NQF Level 1 <input type="checkbox"/>	6 <sup>th</sup> Form / NQF Level 2 <input type="checkbox"/>
NZ Maori <input type="checkbox"/>	Fijian <input type="checkbox"/>	Chinese <input type="checkbox"/>	7 <sup>th</sup> Form / NQF Level 3 <input type="checkbox"/>	Sub Degree * <input type="checkbox"/>
Cook Island Maori <input type="checkbox"/>	Samoaan <input type="checkbox"/>	Asian <input type="checkbox"/>	Degree <input type="checkbox"/>	Other <input type="checkbox"/>
Tokelauan <input type="checkbox"/>	Niuean <input type="checkbox"/>	Other <input type="checkbox"/>	<i>* Sub Degree includes National Certificates, trade certificates or National Diplomas</i>	

## EMPLOYER DETAILS.

Organisation Name (Legal Trading Name):

Trading as (if different from Legal Trading Name):

Business Unit or Branch (if applicable):

## Qualification/s details.

Please write the name/s of the qualification/s linked to this Training Agreement

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## Terms of Agreement

- The Traineeship shall commence on the day that this agreement is signed by the Employer and shall remain in force until either the Trainee has attained the number of credits required to complete the qualification as outlined in the attached schedule or the employment agreement is terminated.
- The Trainee shall to the best of his/her ability learn the skills of the Industry and specifically attain credit for Unit Standards as detailed in the attached schedule to this Training Agreement.
- In signing this Agreement the Trainee and Employer authorise ATTO to collect and exchange information with any Government Agency, NZQA, Industry Assessor, Mayoral Graduation Organisers, or other Industry Training Organisations, for the purpose of administering training, assessment and graduation activities.
- The qualification/s to be undertaken is outlined on the attached schedule/s.

**I declare that the particulars given above are correct and true and would be able to supply documentation if required to confirm this.**

SIGNED BY TRAINEE		DATE
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SIGNED BY EMPLOYER		DATE
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**(WHERE A TRAINEE IS UNDER 18 YEARS OF AGE THE GUARDIANSHIP DECLARATION MUST BE SIGNED AND ATTACHED)**

ATTO use only:									
Org ID No:		Trainee ID No:		Loaded by:		Date loaded:		NSN # checked	