

Please read and complete all sections of this form

Your enrolment is a three-way agreement between you, your workplace, and Te Mahi Ako. This Learner Agreement collects the required information to enrol you into your programme and must be completed in full. If you need any help completing this agreement, please call us on 0508 475 455. We'll get in touch if we need anything else from you. You may also complete your enrolment online at www.temahiako.org.nz

Identification

Learners enrolling into a Te Mahi Ako programme must provide valid ID. The type of ID required is dependent on your country of citizenship. Tick which applies to you and the type of ID you will supply.

New Zealand citizen: Please provide one form of ID from the list below. We'll try to match your details in the National Student Index using your full legal name and date of birth. If we can't verify your details, we will require additional certified* identification.

- NZ Birth Certificate
- NZ Passport
- NZ certificate of citizenship
- Current NZ drivers licence (front and back).

Non-New Zealand citizen: All ID must be certified* or the original sighted by a Te Mahi Ako staff member.

NZ resident or work visa holder

Passport **and** visa

What is your country of citizenship?

Australian citizen

Passport **and** visa

Note: ID must be certified or the original sighted by a Te Mahi Ako staff member*

Name change: If you have changed your name by marriage, civil union, deed poll, or statutory declaration, you may be registered with the New Zealand Qualifications Authority (NZQA) under your previous name. To update your name, we will require certified* name change documentation or the original sighted by a Te Mahi Ako staff member.

***Certified copy definition:** A certified copy is a photocopy, photo, or scan endorsed as a true copy of the original. It must:

- Be certified by an authorised person (e.g., Justice of the Peace, lawyer, court registrar).
- Include the certifier's signature, name, and title on each page.

Learner details

State your full legal name as it appears on your birth certificate or passport.

First name

Middle name/s

Last name

Known as

Previous name

National Student Number (NSN) (if known)

Date of birth

dd / mm / yyyy

Gender: Male Female Gender diverse Prefer not to say

What ethnic groups(s) do you belong to. You may tick up to three (3) boxes.

- | | | | | |
|---|--|---|--|--|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> NZ Māori | <input type="checkbox"/> Italian | <input type="checkbox"/> Other Southeast Asian | <input type="checkbox"/> Middle Eastern |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Other Pacific Peoples | <input type="checkbox"/> German | <input type="checkbox"/> Chinese | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> British and Irish | <input type="checkbox"/> Australian | <input type="checkbox"/> Indian | <input type="checkbox"/> African |
| <input type="checkbox"/> Cook Islands Māori | <input type="checkbox"/> Dutch | <input type="checkbox"/> Other European | <input type="checkbox"/> Sri Lankan | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Greek | <input type="checkbox"/> Filipino | <input type="checkbox"/> Japanese | |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Polish | <input type="checkbox"/> Cambodian | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Tokelauan | <input type="checkbox"/> South Slav | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Asian | |

If you identified as New Zealand Māori, please specify iwi:

Contact details

Postal address

Street	<input type="text"/>	City/town	<input type="text"/>
Suburb	<input type="text"/>	Post code	<input type="text"/>
Mobile	<input type="text"/>	Home phone	<input type="text"/>
Email	<input type="text"/>		

Emergency contact details

Name of your emergency contact?	<input type="text"/>
Phone	<input type="text"/>
Relationship to you	<input type="text"/>

Educational details

What were you doing on the 1st of October last year before starting this work/study?

- | | | |
|--|---|---|
| <input type="checkbox"/> Secondary school student | <input type="checkbox"/> University student | <input type="checkbox"/> Living and/or working overseas |
| <input type="checkbox"/> Non-employed or beneficiary | <input type="checkbox"/> Polytechnic student | <input type="checkbox"/> Private Training Establishment student |
| <input type="checkbox"/> Wage or salary worker | <input type="checkbox"/> College of education student | <input type="checkbox"/> Wānanga student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> House-person or retired | |

Are you currently attending a secondary school? Yes No

What was the last secondary school you attended?

NZ school name	<input type="text"/>
Country if not in NZ	<input type="text"/>

Final year at secondary school (yyyy) – if you are still at school, write the current year

What is your highest secondary school qualification?

- | | | |
|---|---|--|
| <input type="checkbox"/> No formal secondary school education | <input type="checkbox"/> NCEA Level 2 or 6th Form Certificate | <input type="checkbox"/> Overseas qualification
(including Baccalaureate & Cambridge Exams) |
| <input type="checkbox"/> 14 or more credits at any level | <input type="checkbox"/> University Entrance | <input type="checkbox"/> Other |
| <input type="checkbox"/> NCEA Level 1 or School Certificate | <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | <input type="checkbox"/> Unknown |

What was your first year in tertiary education? (yyyy)

(for example, University, Polytechnic, Wānanga, Industry Training Organisation, Private Training Establishment or overseas equivalent). If this is your first enrolment in tertiary education, write the current year.

What is your highest post-school qualification?

- | | | |
|--|--|---|
| <input type="checkbox"/> No qualification | <input type="checkbox"/> Level 5 Certificate/Diploma | <input type="checkbox"/> Postgraduate |
| <input type="checkbox"/> Level 1 Certificate | <input type="checkbox"/> Level 6 Graduate Certificate | <input type="checkbox"/> Bachelor's Degree with Honours |
| <input type="checkbox"/> Level 2 Certificate | <input type="checkbox"/> Level 6 Diploma/Certificate | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Level 3 Certificate | <input type="checkbox"/> Level 7 Diploma/Certificate | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Level 4 Certificate | <input type="checkbox"/> Bachelor's Degree or Level 7 Graduate Diploma/Certificate | <input type="checkbox"/> Unknown |

Learner support

Is English your second language?

English is my second language

English is my first language

Do you describe yourself as disabled, deaf, neurodiverse, tangata whaikaha Māori, or living with a long-term physical or mental health condition?

Yes

No

Prefer not to say

Note: If you selected yes, please continue with the next four questions. If you selected no, or prefer not to say, skip to qualification details. Please tell us more:

Head injury

Mobility/physical

Temporary impairment

Hearing impairment

Vision impairment

Medical

Mental health

Speech impairment

Autism

ADHD

ADD

Dyslexia

Dyscalculia

Dyspraxia

Other

Are there supports that would help you while learning at Te Mahi Ako? Your response allows us to let you know what assistance is available. Please select all of the supports you might need.

Access to assistive technology (eg., for reading, writing, communication)

Accessible format resources for course content

New Zealand Sign Language Interpreter

Support for reading, writing and communication

Other support including wellbeing, learning or disability support

Please specify:

No – I do not need support at this time

Have you accessed any disability support services?

Yes

No

If yes, what was the name of the support service?

Qualification details

Please write the full name of the qualification you are applying for – courses/electives if applicable:

If your qualification has a choice of online or workbook-based assessment, what is your preference?

Online

Workbook

Assessor, if known

If your enrolment includes a certificate, upon completion, would you prefer to receive a printed certificate e-certificate via email

Printed certificate

Certificate via email

Would you be interested in joining learner voice forums to help Te Mahi Ako enhance the learning experience for future learners?

Yes

No

Workplace/host organisation

What is the workplace or organisation where you will be completing your learning programme?

Employment type

Employed Volunteer Self-employed

City/town

Start date at this workplace (dd/mm/yyyy)

What is your job title at this workplace?

If you are enrolling into Pool Lifeguard Practicing Certificate (PLPC), what is the start date of your training? (dd/mm/yyyy)

Terms of agreement

- The person identified in this Learner 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. In the case of 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
- Your enrolment begins once Te Mahi Ako has received all required documents and will continue for the agreed programme duration. If the programme exceeds this duration, a monthly support fee will be invoiced to the employer or host organisation starting from the end of the third month and continuing each month until completion or withdrawal
- In signing this agreement, the learner and employer/host organisation authorise Te Mahi Ako to collect and exchange information with any government agency, NZQA, assessors, or other tertiary education organisations for the purpose of administering training and assessment activities
- In signing this agreement I consent to Skills Active Te Mahi Ako checking my immigration visa status with Immigration New Zealand if applicable
- Te Mahi Ako will collect and hold learner's personal information for the purpose of complying with requirements of the Education and Training Act 2020, and complying with legislation relating to the maintenance of records; and supplying information to government agencies and or organisations as follows: Tertiary Education Commission, Ministry of Education, Ministry of Social Development, Inland Revenue, Ministry of Business, Innovation and Employment, including Immigration New Zealand. When required by law: New Zealand Police, Department of Justice, Accident Compensation Corporation
- Your enrolment is a three-way agreement between yourself, your employer and Te Mahi Ako. Your progress, including any request to be withdrawn will be discussed with your employer
- If enrolling into a New Zealand Apprenticeship programme the [Code of Good Practice for New Zealand Apprenticeships](#) applies. Fees Free will apply to eligible enrolments.

Use of information

Te Mahi Ako respects the privacy of learners in accordance with the Privacy Act 2020. This privacy statement explains how we may collect, store, use and disclose personal information that you provide to us. You the learner authorise Te Mahi Ako staff and its agents to:

- collect and securely hold information relevant to your Learner 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 2020) to the New Zealand Qualifications Authority (NZQA), the Tertiary Education Commission (TEC), education training providers, iwi authorities, graduation ceremony organisers, your employer, NZRRP and any third party required in relation to your learning and development
- 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 Te Mahi Ako's and NZQA's moderation or quality control systems. Te Mahi Ako will remove all references to people/places before using this information for moderation purposes
- provide your employer and assessor with your National Student Number ('NZQA hook-on number') and your NZQA Record of Achievement (ROA)
- allow Te Mahi Ako and your employer access to the personal information created by the Literacy Assessment Tool for teaching and learning purposes only
- allow Te Mahi Ako 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.

Signatures

Learner

As a workplace learner, your health and safety will be covered by two sets of legislation. [The Health and Safety at Work Act](#) and the [Education Pastoral Care of Tertiary and International Learners Code of Practice](#). This means that anything related to your health and safety on the job is the responsibility of your workplace; anything that relates to your learning experience is the responsibility of Te Mahi Ako. If you are unsure about who to talk to about an issue, you can contact us.

By signing here, you the learner acknowledge that the information supplied is correct to the best of your knowledge, and that you have read and agreed to the terms and conditions listed on the Learner Agreement 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)
- to supply all my own evidence in assessments
- to work to complete my qualification in the required time period. to advise Te Mahi Ako if: there is a change in my ability to work on the qualification (for example extended medical leave, seasonal work, overseas travel) or if I leave the workplace that signed this learner agreement
- that I understand if I am Fees Free eligible, my Fees Free entitlement will be used with a New Zealand Apprenticeship enrolment.

Learner signature

Name

Employer/host organisation

Te Mahi Ako provides work-based learning. We partner with your organisation to understand and respond to the educational, safety and wellbeing needs of your learners. We do this through an agreement between Te Mahi Ako, your organisation, and your learners. This arrangement is described in detail in the Workplace Learning Policy, in the Skills Active Te Mahi Ako Policy Manual found at www.temahiako.org.nz.

By signing here, you the employer acknowledge that the information supplied is correct to the best of your knowledge, and that you have read and agreed to the terms and responsibilities of this Learner Agreement, and to the terms and conditions of trade, available in the [About us](#) section on our website www.temahiako.org.nz

I am responsible for providing support to the learner and agree:

- to support the learner to progress through their qualification and complete
- to advise Te Mahi Ako if there is a change in the status of the learners ability to work on the qualification (for example extended medical leave, seasonal work, overseas travel) or if the learner leaves the employment of my organisation
- if the learner is enrolling into a New Zealand Apprenticeship programme, I have read and understood the New Zealand Apprenticeship Code of Good Practice. All apprenticeship enrolments will be reconfirmed with the learner so that implications of Fees Free can be discussed.

Employer/host organisation signature

Employer/host organisation name

Job title

Email

Purchase order number (if applicable)

Te Mahi Ako approval

Workplace

Original ID sighted and copy attached

Qualification

Elective

Resources Online Workbook Already has resources Discount (if applicable)

Send resources to Learner

Other

Contract assessor Yes No

Internal assessor's name

Regional advisor's signature

Date

Regional advisor's name