

Pursuant to the Industry Training Act 1992, the parties to this Training Agreement with EXITO are The Employer and The Employee.

Please complete this form if you have been a trainee with EXITO before and:

- have changed employer and your new employer supports your training, or
- wish to change or continue training towards another qualification.

Step 1 – The Employer (please print clearly)

Company Head Office:			
Worksite:			
Contact Person:		Position:	
Postal Address:			
Street:		Suburb:	City:
Office Phone:		Mobile:	
Email:		Fax:	

Step 2 – The Employee (please print clearly)

Trainee Name:			
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Your Home Address:	Street:		
	Suburb:	City:	
Date of Birth:	___/___/19___		Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Phone:		Mobile:	
Email:		Fax:	
Name of Previous Employer:			

NZQA National Student Number (NSN): _____

If you do not have an NZQA number, EXITO will apply for one. We will require evidence of DOB for this e.g. copy of Birth Cert/passport.

What is your Ethnic Group?

- NZ European/Pakeha NZ Maori – Which Iwi: (Please list) _____
 Pacific Islander Other (Please list) _____

Is English your first language Yes No (Please specify your first language) _____

Do you have any Disability of any kind that may affect your learning No Yes (Please specify) _____

What were you doing before starting this Training Agreement?

- At school At Tertiary Provider Unemployed Employed

Name of last school attended _____ **what was your last year at school** _____

What High school Qualification do you have? (Please select your highest qualification)

- No qualifications 6th Form or at least 12 credits at NQF Level 2
 5th Form or at least 12 credits at NQF Level 1 7th Form or at least 12 credits at NQF Level 3

What Post school Qualification do you have? (Please select your highest qualification)

- Sub Degree (National Cert-NQF L 2-3 or Trade Cert-NQF L 4-5 or National Diploma-NQF)
 Degree

Step 3 - Employee and Employer: Gas Industry Qualifications

The Qualification the Employee wishes to train towards: **Please tick ONE qualification from the following:**

Gas Qualifications	Level	Duration (Months)	Tick
<i>National Certificate in</i>			
1020 Gas Industry (Gas Distribution)	2	12	
1574 Gas Transmission Operations	2	15	
0399 Gas Measurement	3	18	
1328 Gas Network Operations	3	33	
1328 Gas Network Operations with optional strand in Operations and Maintenance	3	60	
1328 Gas Network Operations with optional strand in Field Auditing	3	36	
1022 Gas Network Construction (Service Laying)	3	24	
0400 Gas Network Operations (Leakage Control)	3	33	
1575 Gas Transmission Operations (Pipeline)	3	15	
1576 Gas Transmission Operations (Mechanical)	3	27	
1578 Gas Transmission Operations (Instrumentation and Electrical)	3	21	
1566 Gas Network Construction (Mains Laying)	4	21	
0401 Gas Network Operations (Gas Pressure Control)	4	24	
1510 Gas Marketing, Business and Administration (Customer Support) with a strand in Gas Appliances	3	24	
1510 Gas Marketing, Business and Administration (Customer Support) with a strand in Gas Connections	3	24	
1510 Gas Marketing, Business & Administration (Customer Support) with a strand in Gas Delivery and Measurement Systems	3	24	
1510 Gas Marketing, Business and Administration (Customer Support) with a strand in Gas Emergency Response	3	24	
1577 Gas Transmission Operations (Mechanical)	4	30	
1579 Gas Transmission Operations (Instrumentation and Electrical)	4	39	

Terms of Agreement

The Employer And The Employee Agree As Follows:

- 1 The training will commence from the date of this agreement and will be for at least twelve months.
- 2 Training Commencement and Completion
 - The training specified in this Agreement will commence upon EXITO receiving this form completed. The start date will be as per the Training Agreement Acknowledgment that EXITO will forward to the Employee.
 - The initial term of this agreement will be no less than 12 months.
- 3 The Employer will provide training to the Trainee in accordance with the specific requirements of the designated training programme.
- 4 I, as the trainee:
 - Commit to meeting the requirements of my selected training programme. If it is not achieved EXITO may terminate this Training Agreement.
 - Have read the training plan(s) of the qualification(s) I have enrolled into.
 - Shall undertake the training and learn the skills and knowledge of the industry as set down in the requirements of the designated training programme.
 - Authorise EXITO to exchange information related to my training with NZQA, the Tertiary Education Commission, my Training Provider, my employer and my assessor in accordance with the Privacy Act, including results of any pre or post training assessment undertaken for Literacy and Numeracy.
 - Declare that the particulars given are correct and I hereby apply to be registered as a Trainee for the Unit Standards towards the designated national qualification.

Privacy Act

I authorise EXITO staff and their agents to collect and hold information relevant to this Training Agreement and distribute such information as is necessary to facilitate the management of my industry training, (providing it is done in accordance with the Privacy Act 1993), to any Teaching Institution, Industry Training Organisation, NZQA, MOE and TEC. If the employer meets the training costs, the employee authorises EXITO to exchange information with the employer, including results of training and any further relevant information. I agree to advise EXITO if my personal information is incorrect or changes and I understand that EXITO will hold my information securely and that I may have access to it at any time.

Step 4 - Employee and Employer - Signatures

Employer*	I agree to the terms and conditions on page 3 of this document and confirm all steps have been taken to ensure the trainee understands his/her training obligations:	
Name:	Signature*:	Date:
Employee/Trainee*	I confirm that the information given on this form is true and correct and that I understand my responsibilities as a trainee, as outlined on page 3:	
Name:	Signature*:	Date:
Signed by Parent/Guardian if Trainee under 18 yrs old		Date:
EXITO*	EXITO confirms that an EXITO representative has read, understood and agreed to the associated TEC terms and conditions related to this programme.	
Name:	Signature*:	Date:

*Forms will not be accepted unless signed by hand. Employee & Employer cannot be the same person.

Thank you and all the best with achieving your industry qualification

Step 5 – Employer: Check all Steps are completed. Return form to EXITO

EXITO Office use only	ANZSIC Code: _____	MOE Code: _____
------------------------------	---------------------------	------------------------