

Skills Active Training Agreement

Please complete all sections and print clearly in black or blue ink. For verification purposes, please ensure the name provided on this agreement is what appears on your Drivers License, Passport or Birth Certificate.

Personal Details - to be completed by Skills Active trainee

NSN # - -

(If available. If you do not have an NSN number it will be applied for at NZQA.)

Title Gender M / F Date of birth / / 1 9

First Names

Surname

Known as Previous/Maiden Name

Please provide evidence of name change, e.g. Marriage Certificate

Ethnicity Iwi

English 2nd Language Yes No Disability Yes No

Last School Attended

New Zealand School Name of School

Overseas School Country Last School Year

Highest School Qualification

Year 11 (5th form)

Year 12 (6th form)

Year 13 (7th form)

Post School Qualification

Sub degree

Degree

No qualification

Postal Address

Street

Suburb

City

Post code

Contact Details

Home Ph

Mobile

Work email

Please provide at least one email address

Home email

REPs Provisional to Full - Recognition of Current Competency (RCC)

In order for you to be considered for RCC you must have been in part or full time employment in the past 24 months within the fitness industry. Please list the positions you have held, over this period.

Position held	Employer (or self-employed)	Dates from / to

Tick all those which are relevant, e.g. if you are provisionally registered as both Exercise Consultant and Group Exercise select Exercise Consultant (I & II) and Group Exercise Instructor.

Current REPs provisional status

You will be assessed against the appropriate National Certificate

- | | | |
|------------------------------|--------------------------|---|
| Exercise Assistant | <input type="checkbox"/> | - NC Foundation Skills (FS) |
| Exercise Consultant (I & II) | <input type="checkbox"/> | - NC FS & Exercise Consultant (EC) |
| Personal Trainer | <input type="checkbox"/> | - NC FS & EC & Personal Trainer Business Skills |
| Group Exercise Instructor | <input type="checkbox"/> | - NC FS & Group Fitness Instruction |

Terms of Agreement

The Employer/Workplace and Trainee/Self Employed Contractor agree as follows:

- This commitment begins at the date of signing and is valid:
 - As long as an agreement equating to an Employment Contract is in place between the Employer and the Trainee
 - Until all necessary credits in the trainee's chosen qualification are achieved
 - As long as charges stated below are paid in a timely manner, unless other arrangements have been made with Skills Active Aotearoa Limited.
- The Employer/Workplace agrees to assist the Trainee/Self Employed Contractor, and the Trainee/Self Employed Contractor agrees to use the best of their ability to train towards and achieve the unit standards.
- The Trainee/Self Employed Contractor and the Employer/Workplace declare that all the details in this agreement are correct. They also authorise Skills Active, Register of Exercise Professionals the New Zealand Qualifications Authority and/or the Tertiary Education Commission to collect information from and/or exchange information with any teaching institution, Industry Training Organisation or Government Agency with which the Trainee/Self Employed Contractor is enrolled or has requested enrolment or funding.
- The Employer/Workplace and the Trainee/Self Employed Contractor acknowledge that, where the Trainee/Self Employed Contractor fails to achieve the minimum number of credits in one year as per the Training Plan, Skills Active may, in accordance with relevant Skills Active guidelines, commence cancellation procedures. This may involve invoicing the Employer/Workplace for any outstanding fees.

Skills Active Qualification Fees

Please note for REPs provisional to full status there is no fee for registering any Skills Active fitness qualifications.

Signatures

Signed by the trainee

Signature	<input type="text"/>	Date	<input type="text"/>
Signature of Parent/Guardian (if trainee is under 18 years)	<input type="text"/>	Date	<input type="text"/>

Signed for and on behalf of the Employer/Workplace

Workplace Name:	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>
Signatory Name	<input type="text"/>		