ACT Safety
SAFE PEOPLE | SAFE PROCESSES | SAFE SYSTEMS

Training Enrolment Form

PERSONAL INFORMATION:	(Office use) **NS number:**	(Office use) **ED+ number:**
Full name:		Surname:
Address: (Street)		
(Suburb)	(City)	(Postcode)
Email:		Mobile number:
Date of birth: (Day) (Month) (Year)		Gender: Male ☐ Female ☐ Diverse ☐
Course Title:		Start Date: (Day) (Month) (Year)

EMERGENCY CONTACT:

Contact name:	Phone Number:

ETHNICITY:

☐ NZ European/Pakeha(111)	☐ Fijian(361)	☐ Filipino(411)	☐ Japanese(442)
☐ New Zealand Māori(211)	☐ Other Pacific Peoples(371)	☐ Vietnamese(413)	☐ Other Asian(444)
☐ Samoan(311)	☐ British/Irish(121)	☐ Other Southeast Asian(414)	☐ Middle Eastern(511)
☐ Cook Island Māori(321)	☐ Italian(126)	☐ Chinese(421)	☐ Latin American(521)
☐ Tongan(331)	☐ Australian(128)	☐ Indian(431)	☐ African (531)
☐ Niue(341)	☐ Other European (129)	☐ Sri Lankan(441)	☐ Not Stated (999)
☐ Other (611) – Please specify:			

COMPANY DETAILS:

Company name:	
Address:	

HEALTH AND DISABILITY:

Are there any health issues or disabilities that may affect your ability to attend and complete the programme that we should be aware of in case of an emergency? (Epilepsy, diabetes, schizophrenia, allergies or other)	☐ Yes ☐ No	If yes, give details:
Are you required to carry medication with you?	☐ Yes ☐ No	If yes, give details:
Do you suffer from any learning difficulties?	☐ Yes ☐ No	If yes, give details:

LEARNER DECLARATION

I declare that all the information on this form is true and correct. I authorise ACT Safety Ltd to collect from and disclose to the Tertiary Education Commission (TEC), other training providers, the Ministry of Education, NZQA, and employers, information that is required to:

1. Confirm my eligibility, suitability for acceptance in the training programme and record my program outcomes.
2. Authorise ACT Safety Ltd to make copies of my assessments, identification and/or take a photo should I require a wallet card to take photographic evidence of practical tasks.
3. I give consent to receive course information and refresher notifications by email.

Signature_____Date_____