

## APPLICATION FOR REGISTRATION AS A TRAINEE

### Applicant

SURNAME

FIRST NAMES

NZQA No:

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STREET ADDRESS

*NUMBER, STREET, SUBURB, TOWN OR CITY*

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POSTAL ADDRESS

*BOX NUMBER, SUBURB, TOWN OR CITY*

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STD

PHONE NO.

FAX NO. *(If applicable)*

GENDER

BIRTH DATE

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### Details of ethnic origin

EUROPEAN		MAORI		PACIFIC ISLAND		OTHER	
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### Applicant's Employer *(If applicable)*

TRADING NAME

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POSTAL ADDRESS

*BOX NUMBER, SUBURB, TOWN OR CITY*

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STD

PHONE NO.

FAX NO.

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### Training Coordinator

SURNAME

FIRST NAMES

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**Declaration** I declare the above information to be correct and authorise Opportunity Training to use this information in their management systems for crane qualifications.

APPLICANT'S SIGNATURE

DATE

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