

## TRAINING AGREEMENT ACKNOWLEDGMENT

Congratulations on the registration of your Training Agreement. The following information is recorded in the Opportunity Training database concerning the agreement. Please advise the Opportunity Training office promptly if any of the information is incorrect.

Please refer to the agreement number in future correspondence concerning this agreement.

OPPORTUNITY TRAINING

DATE OF APPROVAL

### Trainee

NZQA REGISTRATION NUMBER

SURNAME

FIRST NAMES

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STREET ADDRESS

*NUMBER, STREET, SUBURB, TOWN OR CITY*

POSTAL ADDRESS

*BOX NUMBER, SUBURB, TOWN OR CITY*

STD

PHONE NO.

FAX NO. *(If applicable)*

GENDER





### Employer

TRADING NAME

STREET ADDRESS

*NUMBER, STREET, SUBURB, TOWN OR CITY*

POSTAL ADDRESS

*BOX NUMBER, SUBURB, TOWN OR CITY*

STD

PHONE NO.

FAX NO.




### Training Coordinator

SURNAME

FIRST NAMES

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### List of Unit Standards included:

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