

APPLICATION FOR ASSESSMENT

Trainee

SURNAME

FIRST NAMES

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Employer

TRADING NAME.

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Training Agreement Number

OPPORTUNITY TRAINING NUMBER

NZQA ID NO

This application covers the assessment of the following unit standards in the above agreement.

Declaration

I believe that I have received sufficient training and experience to develop the skills and knowledge required to meet the performance criteria set out in the above unit standards.

TRAINEE'S SIGNATURE

DATE

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I agree that the Trainee is ready for assessment in the above unit standards. The Trainee and the required equipment will be organised and made available for the assessment by the Training Provider at a time agreed to with the nominated Assessor.

TRAINING COORDINATOR'S NAME

SIGNATURE

DATE

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Opportunity Training use only.

DATE OF PROCESSING

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NOMINATED ASSESSOR

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ARRANGED DATE OF ASSESSMENT

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PLACE OF ASSESSMENT

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ARRANGED TIME OF ASSESSMENT

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