HITO Schools Programme Enrolment Form

SCHOOL DETAILS			
School name			
School representative		Position at school	
Contact email		Contact phone	

PROGRAMME DETAILS (REFER TO MOU FOR PRICING) - PLEASE TICK ✓ ONE

Work-based programmes	**Theory Only programmes** (placement not required)
◯ **Barbering Work-based** (Level 2) 20 credits	◯ **Hairdressing Theory** (Level 2) 19 credits
◯ **Beauty Therapy Work-based** (Level 2) 20 credits	◯ **Hairdressing and Beauty Theory** (Level 2 & 3) 19 credits
◯ **Hairdressing Work-based** (Level 2) 17 credits	◯ **Hairdressing Theory – Reduced Credit** (Level 2) 6 credits
◯ **Hairdressing Level 3 Work-based** (Level 3) 25 credits	◯ **Beauty Therapy Theory – Reduced Credit** (Level 3) 10 credits
◯ **Make Up and Skincare Level 3 Work-based** (Level 3) 21 credits	◯ **Barbering Theory – Reduced Credit** (Level 3) 7 credits

LEARNER DETAILS			
First name		Last name	
Street Address			
City		Post code	
Contact number			
Gender		Date of birth	
National Student Number		School year	

INFORMATION FOR TERTIARY EDUCATION COMMISSION & NZQA

Tick any circles for the ethnic groups you relate to:

◯ NZer/NZ European	◯ NZ Māori*	◯ British/Irish	◯ Latin American
◯ Samoan	◯ Cook Island Māori	◯ Australian	◯ Middle Eastern
◯ Fijian	◯ Niuean	◯ Chinese	◯ Not Stated
◯ Tongan	◯ Tokelauan	◯ Filipino	◯ Other:
◯ Other Pacific people	◯ Indian	◯ African	

*If you are of NZ Māori descent, please list all iwi that you are affiliated with:

Iwi:

PLACEMENT DETAILS (IF PLACEMENT REQUIRED AND CONFIRMED)				
Legal business name				
Trading name				
New Zealand Business Number			Business owner	
Business address				
City			Post code	
Business email			Business phone	
Name of staff member supervising the learner				
Placement start date			Placement duration	weeks
Number of hours per week	hours	Day/time of placement *e.g. Monday 1-3pm*		

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LEARNING SUPPORT	
Do you describe yourself as disabled, Deaf, neurodiverse, tangata whaikaha Māori, or living with a long-term physical or mental health condition?	◯ Yes ◯ No ◯ Prefer not to say

RESOURCES		
How would you like the resources sent?	◯ Softcopy	◯ Hardcopy

LEARNER DECLARATION

I declare that all the information on this form is true and correct.

I authorise HITO to submit to the Tertiary Education Commission (TEC) the information contained on this form and in any supporting documentation. Where the information is submitted electronically HITO may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made HITO is to note the correction on the form).

I agree to notify the provider if any of the information I have provided changes.

I acknowledge that:

1. The information provided in this form will be collected and held by HITO to enable it to enrol me in the programme specified and by TEC to enable it to provide and monitor funding in relation to that programme. The information may also be used for the other purposes set out in this section.
2. If I do not provide the information required I may not be able to be enrolled in the programme I wish to take.
3. Under the Privacy Act 2020 I have a right to access and to request correction to any of my personal information provided to the HITO and TEC. I can contact the school at the address set out in my contract with said school, and TEC at PO Box 27-048, Wellington.

I authorise HITO and TEC to collect from and disclose to other Training providers/brokers, Work and Income New Zealand, Ministry of Education, New Zealand Qualifications Authority, Workbridge, Studylink and employers, information that is required to:

1. verify my eligibility for and record my progress on this and future training or to confirm an employment outcome
2. confirm credits that I have or may achieve on the New Zealand Qualifications Framework, and/or
3. compile information for statistical purposes.

I acknowledge that TEC or its agents may undertake evaluations of the HITO Schools Programme that I may be invited to take part in interviews as part of these evaluations. I understand that standard research ethics procedures will be followed, including protecting my identity and obtaining my informed consent.

SIGNATURES			
Signed by the learner		Date	
Print your full name			

SCHOOL DECLARATION

1. I certify this learner meets the eligibility criteria to participate in the HITO Schools Programme.
2. I certify that, to the best of my knowledge and belief, the information relating to this learner is true and correct.
3. I have verified that this learner has signed the student declaration.

SIGNATURES			
Signed on behalf of the school		Date	
Print your full name		Title	

WORKPLACE DECLARATION (IF PLACEMENT REQUIRED AND CONFIRMED)

1. I agree to appropriately induct the learner into the workplace health and safety procedures and ensure their safety in the workplace
2. I agree to train the learner in the skills required to complete the HITO Schools Programme
3. I will ensure an authorised person carries out the assessment of learner competency
4. I agree that the above Placement information is true and correct

SIGNATURES			
Signed on behalf of the workplace		Date	
Print your full name		Title	

SEND YOUR COMPLETED ENROLMENT FORM TO SUPPORT@HITO.ORG.NZ OR CALL (04) 499 1180 FOR ASSISTANCE