

Training Agreement



Food and Fibre Industry Skills Board, trading as Primary ITO. This Training Agreement is a formal agreement between the Employee (Learner), the Employer, and Primary ITO.

⚠ No Twink or correction fluid is to be used on the document.

Learner to complete

1. Learner details

1a First name

Middle name/s

Surname

Preferred name

Previous legal name(s)

Date of birth (dd/mm/yyyy)

1b Gender (as per ID) Male Female

2. Contact details

2a Mobile

Work phone

Home phone

Email

2b Preferred contact method - choose one

Mobile Work Home Text Email Any

2c Postal address (so we can send resources etc. to this address)

Street

Suburb

City/Town

Postcode

3. Ethnicity

3a NZ European NZ Māori Pacific Islander

Other Prefer not to say

3b If NZ Māori, what is the name(s) of your iwi?

Don't know Prefer not to say

4. Residency and identification

4a Please indicate your residency or citizenship status and provide the supporting document(s).

Country of citizenship

New Zealand citizen - please provide **one** of the following:

Passport

New Zealand birth certificate

New Zealand certificate of citizenship

Verified NSI record NSN (if known)

New Zealand resident - please provide **both**:

Passport Residency visa

Australian citizen

Passport

Australian resident - please provide **both**:

Passport Residency visa

Work Visa holder - please provide **both**:

Passport Work visa

4b Learner is under 16 years old

MOE exemption number

5. Education details

5a What was the last high school you attended?

Name of high school

Country of high school

Last year at high school (yyyy)

5b What is your highest qualification you achieved at school?

No formal secondary school qualification

14 or more credits at any level

NCEA Level 1/School Certificate

NCEA Level 2/Sixth Form Certificate

NCEA Level 3/Bursary scholarship

University Entrance

Overseas qualification

Not known

5c What year did you start tertiary education?

(for example, University, Polytechnic, Te Wānanga o Aotearoa, Industry Training Organisation/ Independent Training Provider, or overseas equivalent)

First year of tertiary education (yyyy)

6. Learner Support

The information you provide is collected for statistical purposes to help us understand our learners and make education more accessible.

6a English is my second language Yes No

6b Do you need support while learning with Primary ITO?

Your response helps us inform you about the available assistance. Please select the support you need (multiple options allowed):

- Access to assistive technology (for example, for reading, writing, communication)
- Accessible format resources for course content
- Mobility and transport (for example, navigator support to help movement around campus, mobility carparks, personal emergency evacuation plan)
- New Zealand Sign Language Interpreter
- Support with reading, writing, and communicating in learning sessions, exams, and assessments
- Other learning or disability support

No, I do not need support at this time

6c Do you describe yourself as disabled, deaf, neurodiverse, tāngata whaikaha māori, or living with a long-term physical or mental health condition?

Yes No Prefer not to say

7. Employment details

7a What is your current job title?

7b Employment type

Employee

Volunteer

Self Employed Contractor [1]

Self Employed Owner-operator [1]

[1] TEC will fund self-employed contractors as part of a tri-partite agreement where the employer is from the organisation they are contracted to; whereas a self-employed owner-operator will not be part of a tri-partite and will require a TAG addendum outlining training support and pastoral care requirements to be eligible for TEC funding.

7c Employment status

Full time Part time Seasonal Casual

7d What was your employment status as at 01 October?

Select one option only:

Wage or Salary Earner	College of Education Student
Self-employed	Secondary School Student
Non-employed/Beneficiary	Polytechnic Student
House-person	Wānanga Student
Retired	Private Training Student
Overseas	University Student

Employer to complete

Employer/Company name (registered business name)

Primary ITO number (If known) ORG-

Workplace/Site name (Learner's main work location)

Primary ITO number (If known) ORG-

⚠ Please complete Section 8 and Section 9 if:

- This is your first time enrolling an employee with Primary ITO under this company or workplace, OR
- Any of the details changed since the last enrolment.

8. Employer details

No change Go to [9a] New / updated

8a Employer/Company address

8b Primary Contact

Name

Phone

Email

8c Is Primary Contact's address same as in [8a] ?

Yes Go to [9a] No

9. Workplace/site details

9a Workplace/site physical address

No change Go to [9b] New / updated

9b Is Primary Contact at Workplace same person as in [8b] ?

Yes Go to [9c] No

Name

Phone

Email

Address

9c Additional information

Dairy supplier (for dairy farms only)

Supply number

Learner's Employee number (If known)

The Training agreement form must be signed/initialed by hand, with a stylus, or using a verified digital or stamped signature. Typed or font-based signatures and initials are not accepted.

⚠ Any modifications, deletions, or alterations to the details on this page must be initialled by the parties as indicated next to the section: L for Learner, E for Employer, and P for Primary ITO representative. Initials must be placed next to the change. Uninitialled changes may not be considered valid.

L
E

10. Programme enrolment

10a Programme code and name PR-

10b Enrolment start date (dd/mm/yyyy)

Training Agreement transfer (if applicable)

10c Transfer start date (dd/mm/yyyy)

L
E
P

11. Programme fee and Payment details

11a Programme fee

Please note some training providers may charge additional delivery fees

Total fee payable to Primary ITO \$

Fee breakdown for NZA programmes

Level 3 \$

Level 4 \$

Fee comment

11b Who should be invoiced for the programme fee?

An invoice for the programme fee will be emailed to the party below. To pay by direct debit, credit card, or store card, they must contact our Finance team after receiving the invoice.

Employer Learner Third party

Third party name

Billing email

Billing address

Third party signature

11c Purchase Order number

PO Number Not applicable

11d Learner IRD number

Only required if learner plans to apply for Final Year Fees Free. For help search www.feefree.govt.nz/final-year/

11e Please initial to accept refunds policy below and confirm payment details are correct

All withdrawals must be in writing. If you withdraw in writing in the first 60 days from the invoice date, a refund or credit note will be issued to the person the invoice was addressed to:

- Within 30 days: Total invoice amount less a \$200 admin fee.
- 31- 60 days: 50% of the invoice amount less a \$200 admin fee.
- After 60 days: No Refund or credit note will be issued.

Note: If the total refund entitlement is less than the \$200 administration fee, no refund will be issued.

Initial here

Learner

Initial here

Employer

Initial here

Primary ITO

L
E

12. Learner signature

By signing this document, you agree to the following terms:

- I agree to participate in training or study as required, learn the skills to the best of my ability, and undertake assessment to meet the requirements of the programme.
- I understand that any sustained inability to meet reasonable credit achievement milestones of my programme may result in withdrawal.
- I confirm that I have read, understood, and agree to the Terms and Conditions for Learners, Apprentices, and Employers, available at www.primaryito.ac.nz/termsandconditions.
- As an Apprentice (if applicable), I have read the Code of Practice for New Zealand Apprentices, which is part of the Terms and Conditions, and I understand, agree to, and accept my obligations under the NZA programme.

Signature

Date (dd/mm/yyyy)

⚠ If the learner is under 18 years, this section must be completed by the learner's parent or legal guardian.

By signing this section, I agree to the following terms:

- I am authorised to sign this agreement on behalf of the learner.
- I undertake to support this learner for the duration of the training programme.
- I agree to pay any outstanding fees associated with this training programme which would normally be the responsibility of the learner.

Name

Mobile

Email

Signature

Date (dd/mm/yyyy)

E
L

13. Employer signature

By signing this document, you agree to the following terms:

- I confirm the learner has a current employment agreement (which may include a self-employment contract for services), a volunteer agreement, or has completed a TAG Addendum as per 7b[1].
- I agree to allow the learner to attend training or to study as required, to provide training to the learner and allow the learner access to formal assessment.
- I confirm that the workplace/site is compliant with the Health and Safety at Work Act 2015.
- I confirm that I have read, understood, and agree to the Terms and Conditions for Learners, Apprentices, and Employers, available at www.primaryito.ac.nz/termsandconditions.
- As an Employer of an Apprentice (if applicable), I have read the Code of Practice for New Zealand Apprentices, which is included in the Terms and Conditions, and I understand, agree to, and accept my responsibilities.

Name

Position

Signature

Date (dd/mm/yyyy)

I have sighted the original ID from the learner and have provided a copy to Primary ITO.

I am acting in the role of the employer for training purposes and do not have a legal relationship with the learner from an employment law perspective.

Office use only

14. Industry and occupation

14a Industry sector

14b Industry sub-sector

14c Occupation Code (to be completed by CSE)

For help search Primary ITO Knowledgebase guide on Occupations:
He Kete > Knowledgebase > Technical Directives > Occupations

15. Assessor

15a Does this programme require an Assessor Connection in Trellis?

No Yes

16. Course enrolment

16a Do you require the Enrolments team to complete a course enrolment?

No Yes

Course name

Course code

17. Verifier

17a Is a Verifier required for this programme enrolment?

Yes No Not applicable

17b If yes, is the Verifier the same as the Workplace Primary contact [9b]?

Yes No

Full name

Phone

Email

18. Primary ITO signature

Name

Signature

Date (dd/mm/yyyy)