



NZ HAIRDRESSING INDUSTRY TRAINING ORGANISATION
National Certificate Re-Issue Application Form

Please print clearly using block letters and a ballpoint pen. All sections must be completed.

Surname First names

Enter your first names in full – these will be the names that will appear on your certificate

Previous surname (if applicable)

Permanent address and postcode

Home phone Mobile phone

NZQA number Email

Name of qualification (please tick one) Salon Support Barbering Hairdressing Practice

Hairdressing Management Strand Completion date

Provider (Salon Support Certificate only)

Please ensure you have enclosed the fee to cover the re-issue of your certificate \$20.00 \$

Please include \$5 if you wish to have your certificate posted to an overseas address \$

This information is for statistical purposes only

Gender Male Female

Type of learner Apprentice or QbyE in NZARH salon Non Apprentice or QbyE in a non NZARH salon *Tick appropriate box*

Ethnicity *Tick the box(es) next to the ethnic group(s) you belong to*

European/Pakeha Maori Polynesian Other

I declare that the particulars given above are correct and authorise the NZ Hairdressing Industry Training Organisation Inc to collect information from and/or exchange information with any teaching institute, NZQA or government agency with which I am enrolled, or have requested enrolment or funding. I give permission to use my name in any publications in reference to completions over the calendar year.

Candidate's signature Date

Cheques to be made out to **HITO**.

Now please post to: **HITO**
PO Box 11 764,
WELLINGTON 6142

Office Use Only

Administrator Signature

Qualification version # Receipt # Date paid