



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

Surname [] First names []

Previous surname (if applicable) []

Permanent address and postcode []

[]

Home phone [] Mobile phone []

NZQA number [] Email []

Employer name []

Salon name []

Salon address and postcode []

[]

Salon phone number []

Where would you like your results sent to? []

[]

Date of birth Day [] Month [] Year []

<input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> Tick the box if you are a NZ citizen or have permanent residence status
Ethnic data Tick the box(es) next to the ethnic group(s) you belong to	
<input type="checkbox"/> European/Pakeha	<input type="checkbox"/> Tongan
<input type="checkbox"/> Niuean	<input type="checkbox"/> Cook Island Maori
<input type="checkbox"/> Samoan	<input type="checkbox"/> Chinese
<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Indian
<input type="checkbox"/> Tokelauan	Other (please specify) []

Apprentice or QbyE in NZARH salon \$261.00 Non Apprentice or QbyE in a non NZARH salon \$561.00 (Please tick appropriate box)

TOTAL PAID \$ [] Receipt required Yes No (Please note all fees are non-refundable)

Fees to accompany application. Cheques to be made out to HITO. These fees include National Certificate fee.

I declare that the above particulars given are correct.

Candidate's signature [] Date []

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

Office Use Only

Apprentice Non Apprentice/QbyE Other units checked & registered

National Certificate Application

Regional signature [] Receipt # [] Date paid []



NZ HAIRDRESSING INDUSTRY TRAINING ORGANISATION
National Certificate in Hairdressing Practice
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

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 Non Apprentice/QbyE *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
Qualification Version #

Administrator signature Receipt # Date paid