



Form

# Training Agreement Change Form

## Details

Please print clearly using capital letters in a blue or black pen. Please complete all sections.

Trainee First Name																									
Trainee Surname																									
Previous Salon Name																									
Salon Address																					Post Code				
Home Phone							Cellphone																		
Email Address																									
																			NZQA Number (NSI or NSN)						

## Withdrawal

(This is for trainees leaving the training. Examples of this may be for maternity leave, health reasons etc. Please note: If the withdrawal is due to maternity leave, HITO will not charge a re-sign fee of \$110 unless the trainee resumes their training with the same salon/employer within 12 months.)

Why is the trainee withdrawing?																																		
What was the actual end date?	d	d	/	m	m	/	y	y	y	y																								
When was HITO informed?	d	d	/	m	m	/	y	y	y	y																								
What was the expected return date?	d	d	/	m	m	/	y	y	y	y	for maternity or long term sick leave																							
Trainees Signature																			d	d	/	m	m	/	y	y	y	y						
Employers Signature																			d	d	/	m	m	/	y	y	y	y						

## Transfer

Transfer to a new salon     A new salon owner     Transfer TBC (42 day grace period)

When did the transfer take place?  d  d /  m  m /  y  y  y  y (if 42 days grace then when was the last day of employment)

Employers Name																									
Salon Name																									
Salon Address																					Post Code				
Salon Phone							Cellphone																		
Salon email Address																									

## OFFICE USE ONLY

ON HOLD     ON 42 DAYS GRACE     WITHDRAW

HITO signature

d  d /  m  m /  y  y  y  y

Notes

**Now Please Post to:**

HITO, PO Box 11764, Wellington 6011