

# HITO Schools Programme Enrolment Form

Send your completed enrolment form to [support@hito.org.nz](mailto:support@hito.org.nz) or call (04) 499 1180 for assistance.

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

PROGRAMME DETAILS (REFER TO MOU FOR PRICING)	
Programme (please tick one)	<b>Work-based</b>
	<input type="radio"/> Barbering Work-based (Level 2) 20 credits
	<input type="radio"/> Beauty Therapy Work-based (Level 2) 20 credits
	<input type="radio"/> Hairdressing Work-based (Level 2) 22 credits
	<b>Theory Only (placement not required)</b>
	<input type="radio"/> Hairdressing Theory (Level 2) 20 credits
	<input type="radio"/> Hairdressing and Beauty Theory (Level 2 & 3) 20 credits
	<input type="radio"/> Hairdressing Theory – Reduced Credit (Level 2) 7 credits
	<input type="radio"/> Beauty Therapy Theory – Reduced Credit (Level 3) 10 credits

RESOURCES		
How would you like the resources sent?	<input type="radio"/> Softcopy	<input type="radio"/> Hardcopy

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:				
<input type="radio"/> NZer/NZ European	<input type="radio"/> NZ Maori	Iwi: .....	<input type="radio"/> Latin American	<input type="radio"/> British/Irish
<input type="radio"/> Samoan	<input type="radio"/> Cook Island Maori	<input type="radio"/> Indian	<input type="radio"/> Middle Eastern	<input type="radio"/> Australian
<input type="radio"/> Fijian	<input type="radio"/> Niuean	<input type="radio"/> Chinese	<input type="radio"/> African	<input type="radio"/> Other.....
<input type="radio"/> Tongan	<input type="radio"/> Other Pacific	<input type="radio"/> Tokelauan	<input type="radio"/> Filipino	

PLACEMENT DETAILS (IF PLACEMENT REQUIRED AND CONFIRMED)			
Business name		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	

## LEARNER DECLARATION

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

I authorise the school 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 the school may not alter any of the information, except to correct any obvious typographical error (and where such a correction is made the school 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 the school 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 1993 I have a right to access and to request correction to any of my personal information provided to the school 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 the school 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	