

Training Agreement – ACE Programmes

Please fully complete and return to Health Ed Trust, Unit 1, 54 Wordsworth Street, Christchurch 8023

1. Your Employers Details

Company name

Trading name (if different from above)

Key contact name

Job title

E-mail address

2. Your personal details and residency status

Your date of birth (e.g. 30/11/1985)/...../..... Gender Male Female

Your legal first name(s)

Your legal last name

The name that you wish to be called

Names you have previously been known by

National Student Number (if known)

*We are required by the Tertiary Education Commission to confirm your identity and residential status. Your employer **MUST** see and verify your original passport or birth certificate.*

Please tick your residential status and attach a COPY of your passport photo page or birth certificate that has been VERIFIED by your employer. You must also provide a copy of your marriage certificate if you choose to use your married name and the legal name above is different to the name on your passport or birth certificate.

Work permit/work visa Expiry date

We require a verified copy of your passport and work permit

NZ Citizen (Including Cook Islands, Niue, and Tokelau citizens)

We require a verified copy of your passport or birth certificate

NZ Permanent Resident

If you are a NZ Permanent Resident, we require a verified copy of your passport and your current Residence Permit.

Australian Citizen

We require a verified copy of your passport or birth certificate

Other overseas

If you have Refugee Status in NZ, we require a verified copy of your valid Certificate of Identity from the New Zealand Immigration Service (NZIS).

Your home address

Suburb

City Post code

Home Phone (0.....)..... Mobile

E-mail

Preferred contact method Email Phone Mail

3. Your personal details continued (Statistical Information)

To which of the following ethnic groups do you consider you belong? *(Please tick the appropriate boxes)*

- NZ European/Pākehā Niuean Other Pacific Other Asian
- NZ Māori* Cook Island Māori Indian Filipino
- Samoan Tokelauan Chinese African
- Tongan Fijian Other *please specify*

*If you are of NZ Māori descent, please state the iwi with which you have the strongest affiliation *(you may enter up to three)*. Please also provide the name of your hapū and the name of your marae *(where applicable)*.

First iwi

Second iwi

Third iwi

Hapū Marae

Is English your second language? Yes No

If yes, what is your first language?

Do you have a disability (visual/hearing impairment or physical disability)? Yes No

What is your job/role title?

Which service sector do you work in? *(Please tick the appropriate box)*

- Aged Care Residential Mental Health & Addiction
- Aged Care Home & Community Allied Health
- Disability Residential Hospital
- Disability Home & Community Other *please specify*

What was the name of the last school you attended in NZ?

If you attended a school outside of NZ, please specify the country

What is the highest qualification you achieved at school? (Please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> No qualification | <input type="checkbox"/> University Entrance |
| <input type="checkbox"/> 14 or more credits at any level | <input type="checkbox"/> Not known |
| <input type="checkbox"/> NCEA Level 2 or 6th Form Certificate | <input type="checkbox"/> Other |
| <input type="checkbox"/> NCEA Level 3 or Bursary or Scholarship | |
| <input type="checkbox"/> Overseas qualification (includes international Baccalaureate & Cambridge exams) | |

What is the highest qualification you achieved after school? (Please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> No qualification | <input type="checkbox"/> Level 6 Graduate Certificate, Level 6 Diploma/Certificate |
| <input type="checkbox"/> Level 1 Certificate | <input type="checkbox"/> Bachelors, Level 7 Graduate Diploma/ Certificate, |
| <input type="checkbox"/> Level 2 Certificate | Level 7 Diploma /Certificate |
| <input type="checkbox"/> Level 3 Certificate | <input type="checkbox"/> Postgraduate Diploma/Certificate, Bachelor Honours |
| <input type="checkbox"/> Level 4 Certificate | <input type="checkbox"/> Masters |
| <input type="checkbox"/> Level 5 Diploma/Certificate | <input type="checkbox"/> Doctorate |

What were you doing immediately prior to entering training? (Please tick the appropriate box)

- | | |
|--|--|
| <input type="checkbox"/> House person or retired | <input type="checkbox"/> Secondary student |
| <input type="checkbox"/> Currently employed | <input type="checkbox"/> Unemployed or beneficiary |
| <input type="checkbox"/> Tertiary student | <input type="checkbox"/> Overseas |

4. Training Agreement Terms (your employer and you, the employee (trainee), must agree to the following terms)

- a. This **Training Agreement** is valid whilst you remain in employment or in voluntary/unpaid work with your **current** employer.
- b. This **Training Agreement** intends to set out the relationship between the parties arising from the Industry Training Act 1992. In accordance with Section 3 of the Act, this **Training Agreement** forms part of the employment or voluntary/unpaid work agreement between the employer and the employee.
- c. All parties are responsible for ensuring that contact details are and remain correct.
- d. Nothing in this **Training Agreement** will detract from or otherwise affect the operation of the provisions of the Employment Relations Act 2000 relating to personal grievances or to the enforcement of employment or voluntary/unpaid work agreements between the employer and the employee.
- e. The **Training Agreement** will not become active until all requirements have been received.
- f. By signing this agreement you are committing to reporting credit in every calendar year that this agreement is valid and gaining at least 20 credits every 12 months.

- g.** This **Training Agreement** will go “on hold” due to inactivity if credit is not reported for 6 months.
- h.** This **Training Agreement** will cease for any of the following reasons:
- (i) On the completion of this programme.
 - (ii) On termination of the employment or voluntary/unpaid work agreement between the employee and the employer.
 - (iii) On the provision of notice by either the employer or the employee in accordance with the notice provisions of the employment or voluntary/unpaid work agreement.
 - (iv) If credit has not been reported in 6 months of this **Training Agreement** going “on hold” due to inactivity.
 - (v) If contact cannot be made, this **Training Agreement** may be terminated by Careerforce
- In the case of (ii) and (iii) above the employer will notify Careerforce within 28 days of the termination of the **Training Agreement**.
- i.** Health Ed Trust and Careerforce cannot register credits after this **Training Agreement** has ceased.
- j.** Health Ed Trust will:
- Support your employer to develop a realistic training plan that you are able to complete within the specified timeframe.
 - Send progress reports to your employer at the beginning of each quarter.
 - Monitor your progress; and, if you are not meeting credit completion expectations as set out in your training plan, discuss the situation with your employer with a view to identifying workable solutions.
 - Advise Careerforce to put your training “on hold” or – as a last resort – terminate your enrolment, if you are not meeting the timeframes as agreed to in your training milestones.

5. Privacy Act 1993

You, the employee (trainee), authorise Health Ed Trust and Careerforce staff and its agents to:

- a.** Collect and securely hold information relevant to this **Training Agreement**; noting that you can access it should you so request.
- b.** Distribute this information as is necessary to facilitate the management of your training (in accordance with the relevant provisions of the Privacy Act 1993) to New Zealand Qualifications Authority (NZQA), the Tertiary Education Commission, education training providers, iwi authorities, graduation ceremony organisers and your employer.
- c.** Keep you informed of any changes or updates to programmes or services, and to support your progress using electronic communications in accordance with the relevant provisions of the Unsolicited Electronic Messages Act 2007.
- d.** Use your assessment evidence as part of Careerforce’s and NZQA’s moderation or quality control systems. Careerforce will remove all references to people/places before Careerforce uses this information for moderation purposes.
- e.** Provide your employer and assessor with your National Student Number (“NZQA hook-on number”) and access to your NZQA Record of Learning (ROL) relative to the programme in which you are enrolled.

Programme enrolment – ACE Programmes

Tick **ONE** of the following to show what you intend to complete:

- A. By ticking this box you will be enrolled on the National Certificate in Health, Disability, and Aged Support (**Core Competencies**) Level 3.

To complete the Core Competencies qualification you will need to complete the following Health Ed Trust ACE Programmes:

ACE Programme + ACE Advanced

You will be expected to complete this within 18 months

- B. By ticking this box you will be enrolled on the National Certificate in Health, Disability, and Aged Support (**Core Competencies**) Level 3. On completion of Core Competencies you will be enrolled on the National Certificate in Community Support Services (**Residential**) Level 3.

To complete the Core Competencies and Residential qualifications you will need to complete the following Health Ed Trust ACE Programmes:

ACE Programme + ACE Advanced + ACE Dementia

You will be expected to complete this within 24 months

If you are required to complete the ACE Dementia Programme first please tick here

- C. By ticking this box **you will have already completed the ACE Programmes and ACE Advanced** and been awarded the National Certificate in Health, Disability, and Aged Support (**Core Competencies**) Level 3. By ticking this box you will be enrolled on the National Certificate in Community Support Services (**Residential**) Level 3. To complete the Residential qualification you will need to complete the following Health Ed Trust ACE Programme:

ACE Dementia

You will be expected to complete this within 6 months

7. Training Milestones

The average timeframe in which people complete all 3 programmes is 18 months. Discuss with your employer and **complete the dates below**, these will become your Training Milestones.

Month/year

Your first assessment will be completed on

(max 3 months after signing this training agreement)

...../.....

The **first** unit standards I will be assessed against will be in

The ACE Programme Module 1/Module3/ other:

OR ACE Dementia Programme Modules 1 and 2:

You expect to be **25%** of the way through this programme by:

...../.....

You expect to be **50%** of the way through this programme by:

...../.....

You expect to be **75%** of the way through this programme by:

...../.....

You expect to complete these programme by:

...../.....

Training “on hold”

If you need more time to complete your training or need to put your training “on hold” please contact Health Ed Trust on 03 379 8519 or info@healthedtrust.org.nz, or Careerforce on 0800 277486 or info@careerforce.org.nz to arrange this.

8. Employer's declaration and signatures

By signing here you, the employer, acknowledge that the information supplied is correct to the best of your knowledge. You agree to the terms listed in this Training Agreement and to the responsibilities listed below.

I am responsible for providing support to the Trainee and agree that:

- The person identified in this Training Agreement has a current employment agreement (consistent with the provisions of the Employment Relations Act 2000), or a voluntary/unpaid work agreement with this organisation.
- I will provide workplace support to the employee of a type and level that is appropriate to the nature and scope of the programme.
- I will support the employee to complete this programme within the timeframes set out in the Training Milestones in this training agreement.
- I will monitor the trainee's progress and understand that if the Training Milestones are not met this training agreement may be terminated.
- I will advise Health Ed Trust or Careerforce if the trainee needs to extend or cannot complete the Training Milestones, or if they leave employment.
- **I will keep a copy of this training agreement for my employer records.**

I, or an authorised person within my organisation, have verified the identification provided and attached the verified documents (refer to section 2 – "Your personal details and residency status" of this training agreement). Your workplace may be audited against this process if it is felt necessary.

Employer's full name

Employer's position

Employer's signature Date/...../.....

9. Employee's (Trainee's) declaration and signatures

By signing here you, the trainee, acknowledge that the information supplied is correct to the best of your knowledge. You agree to the terms listed in the Training Agreement and to the responsibilities listed below.

I agree to:

- Complete my first credits within 3 months of enrolment in this programme (completing integrated assessment).
- Complete the remaining unit standards and assessments as outlined in the Training Milestones in this Training Agreement.
- Advise Health Ed Trust or Careerforce if I need to extend or cannot complete the Training Milestones; if I change employer; or if any of my details including contact details change.

Employee's (Trainee's) signature Date/...../.....

Final Check: (tick when complete)

- All sections of this Training Agreement have been fully completed, and a **copy** filed.
- A verified copy of the Trainee's birth certificate or passport photo page is attached.
- A verified copy of the Trainee's residential status is attached, if required. See page 1

Office use only

Entered by:	-----/-----/-----	Checked by:	-----/-----/-----
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