



Enrolment Form

MYOB Course for Horticulture ITO Learners

Personal Details

(**Must** use the name on your Birth Certificate, Passport or Proof of Residency Certificate)

.....
(First Name) (Middle Name) (Last Name)

Street Address

Suburb

Day Phone (0) Evening Phone (0).....

Mobile:..... Email Address:.....

Date of Birth/...../..... Male Female

What are the best times to contact you?.....

How do you prefer to be contacted? (e.g. via day phone, email).....

Other Personal Details

1. What year and what age did you leave secondary school? **Year**.....**Age**.....

2. What is the highest level of education you have achieved? (tick **only one**)

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> NCEA 2 (6th Form Cert) |
| <input type="checkbox"/> 12 NZQA credits or less | <input type="checkbox"/> NCEA 3, Bursary or UE |
| <input type="checkbox"/> 80 NZQA credits or less | <input type="checkbox"/> Trade Certificate |
| <input type="checkbox"/> 81 NZQA credits or more | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> NCEA 1 (5th Form Cert) | |

3. What is your ethnicity? (tick at least one)

- | | |
|---|--|
| <input type="checkbox"/> NZ European | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Maori | <input type="checkbox"/> Fijian |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Peoples |
| <input type="checkbox"/> Cook Islands Maori | <input type="checkbox"/> Other European |
| <input type="checkbox"/> Tongan | <input type="checkbox"/> Other Ethnicity |
| <input type="checkbox"/> Niuean | <input type="checkbox"/> Not Stated |

Work Related Details

4. What is the longest time and hours you have ever been in paid employment without having a month or more of unemployment in between jobs? (tick **only one**)

- I have worked full-time for one year or more
- I have worked full-time for less than one year (full time is 30hrs per week or more)
- I have only worked part-time ever
- I have never worked in paid employment

5. What was your main activity in the last three months? (tick **only one**)

- Not in school, training or employment
- Employed
- Self-employed
- Overseas
- Secondary School
- Polytechnic or University
- Other full-time training
- Other

6. How many hours do you work each week (on average)?

7. What are your normal days and hours of work (if any)?.....

8. What is your job title or occupation?.....

9. What type of work or industry are you involved in?.....

.....

10. What is the name of the organisation/business you work for (or own)?

.....

MYOB and NZQA Details

11. What is your NSN/NSI (NZQA student No)?

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NOTE: If you don't have an NSI/NSN number, please **attach photocopies of your Birth Certificate or Passport plus another form of photo ID** to this enrolment form. McGirr Associates can then create an NSI for you to be able to gain unit standards in this course.

12. Do you and/or your workplace currently use MYOB accounting software? **Yes / No**

13. If you already use MYOB, which Version and Edition is it?.....

(e.g. *Premier* edition includes Payroll functions, *Accounting* and *Cashbook* don't have Payroll, *Education* or *TestDrive* editions are intended for trial and educational use)

14. Do you or your employer wish to purchase a latest version of MYOB? **Yes / No**

NOTE: You do not need to purchase a copy of MYOB to do this course but it helps us to know what version you are familiar with and we assume you are or will be using MYOB at work.

Learner Declaration

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

I(name) give **McGirr Associates** permission to share the details provided on this enrolment form with the Department of Labour and TEC (Tertiary Education Commission) for research purposes only. I give permission for McGirr Associates to report to these agencies on my learning progress, participation in training and the nature of my occupation for research on the effectiveness of this programme. I understand that I will not be personally identified in any publicised reports and my contact details will not be shared with these or other agencies without gaining my written permission.

I will undertake at least 4 hours per week of study in order to stay enrolled in this programme.

I give permission for **McGirr Associates** to access my NZQA Record of Learning (if I have one), to award credits and to keep records on my learning progress and attendance.

Learner's signature:

Learners' printed name:

Date:/...../.....



Please return this form to

- ***Horticulture ITO MYOB Enrolments,***
- ***PO Box 5477, Wellington 6011***



If you don't have an NSI/NSN number, please attach photocopies of your Birth Certificate or Passport plus another form of photo ID (e.g. driver licence, 18+ Card) Check with your Local NZ Horticulture ITO Training adviser if you are unsure about this .