



Enrolment Form

FIRST AID (NZ) LTD

First Name: _____ Middle Name: _____

Family Name: _____ Contact Phone: _____

Email: _____

Course date: _____

Name that you prefer us to print on your certificate: PLEASE PRINT

NZQA Number: _____ **OR** circle: Do not know / Do not have one

Date of Birth: _____ Male / Female: _____

Address: _____

Suburb: _____ City: _____ Post Code: _____

NZQA Credits: Are you attending this course for the purpose of obtaining NZQA credits?

Units / Required: _____

N.B. Cost to report unit standards to NZQA are \$1.60 per credit

Please select one of the following:

NZ European
Tokelauan

NZ Maori
Fijian

Samoan
Chinese

Cook Island
Asian

Tongan
Indian

Niuean
Other

Student Signature: _____

To create a record of learning we need to sight ID to verify your identity.

ID sighted: Passport / License / other photo ID