

Registration Form

Contact details

First name

Middle name

Last name

DOB

Gender:

M

F

Address:

City:

Postcode:

Tel:

Mobile:

Email:

Name of company (if relevant):

Qualifications and work experience

What qualifications have you completed?

What work experience have you had in the irrigation industry?

Are you currently employed in the irrigation industry? Yes No

What is your position and how long have you been there?

Is your employer happy to support you through your qualification? Yes No

Name of your employer:

Signature of your employer:

Application

Which qualification are you applying for?

NZ Certificate in Irrigation System Design:

NZ Certificate in Irrigation System Performance
Assessment:

NZ Certificate in Irrigation Management:

Nominate a mentor who can provide you with support during this training and verify your work:

Mentor's full name:

Best contact number:

Email address:

Please make sure the information you provide is true and correct. If it is later found that you have provided false or misleading information, you may be denied acceptance.

Residential Status

NZ Citizen: (please attach copy of passport or birth certificate)

NZ Resident: (please attach copy of your resident visa)

Date:

Signature: