

GATEWAY STUDENT

ENROLMENT FORM

SCHOOL NAME _____

STUDENT DETAILS

First name _____ Surname _____

Date of birth _____ Gender Male ☐ Female ☐

National student number _____

Address _____

Postcode _____

Home phone _____ Mobile _____

Email _____

School year Year 11 ☐ Year 12 ☐ Year 13 ☐ Year 14 ☐

STATISTICAL INFORMATION

Ethnicity (Please tick at least one)

<input type="checkbox"/> NZ European Pākehā	<input type="checkbox"/> Māori	<input type="checkbox"/> Samoan	<input type="checkbox"/> Cook Islands Māori	<input type="checkbox"/> Tongan
<input type="checkbox"/> Niuean	<input type="checkbox"/> Tokelauan	<input type="checkbox"/> Fijian	<input type="checkbox"/> Other Pacific Peoples	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other Southeast Asian	<input type="checkbox"/> British
<input type="checkbox"/> Dutch	<input type="checkbox"/> Greek	<input type="checkbox"/> Polish	<input type="checkbox"/> South Slav	<input type="checkbox"/> Italian
<input type="checkbox"/> German	<input type="checkbox"/> Australian	<input type="checkbox"/> Other European	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Latin American
<input type="checkbox"/> African	<input type="checkbox"/> Other Ethnicity	<input type="checkbox"/> Not stated	<input type="checkbox"/> Irish	

In NZ Māori (Please state)

Main tribal affiliation _____

Other tribal affiliation _____

PLACEMENT DETAILS

Employer _____

Address _____

Postcode _____

Phone _____ Email _____

DURATION OF PLACEMENT WITH EMPLOYER

Start date _____ Proposed duration of placement _____ Weeks

Proposed hours per week _____

TRAINING PLAN DETAILS IF KNOWN

Unit Standard Number	Unit standard Name	Level	Credit Value

ASSESSMENT APPEAL

All assessment will be against the performance criteria of the unit standards to ensure validity. Appeals against assessment results will firstly be to the NZEET assessor/ verifier who will forward this to the moderator, NZ Equine Education Trust. I understand that the decision of the moderator will be final.

STUDENT DECLARATION

I understand that:

- The conditions of purchase are outlined in the Memorandum of Understanding entered by NZEET and my School.
- All correspondence, including unit standard results will be returned via the Gateway Co-Ordinator for them to discuss my progress.
- Copies of my work may be kept for moderation purposes.
- All charges will be made to my School.
- I declare that to the best of my knowledge the information supplied on this enrolment form is true and complete. I consent to the statistical use of personal information as described above for NZQA and Ministry of Education purposes.

Signature _____ Date _____
Print name _____

Please complete, sign and return to:

Georgie Bolton

South Island

P 03-740-0958 | M 027 309 1756

E Georgie@hrnz.co.nz

Sally Waters

North Island

P 027 494 2850

E Sally.Waters@nztr.co.nz

SCHOOL NAME

Memorandum of Understanding (MOU) between the New Zealand Equine Education Trust (NZEET) and

For the support of the NZEET Gateway Programme in 2025.

PURPOSE

This agreement will take effect on 01 January 2025 and terminate on 31 December 2025 or earlier by mutual agreement between the parties. Notwithstanding the provisions of this MOU, NZEET may, at its sole discretion, extend this MOU beyond its expiry date, for such further period as determined by NZEET.

NZEET'S COMMITMENT

NZEET will:

- Provide Learning and resource packages for student
- Generate invoice
- Confirm approved assessor
- Mark theory and verify practical assessments
- Generate progress reports
- Provide confirmation of unit standard achievement as and when, and authorise school to register unit standard.

YOUR SCHOOL'S COMMITMENT

NZEET maintains a database and will record details of Gateway contracts including the school, the student, employer and the credits achieved. The name, address, contact person and contact details for the school, student and employer will be recorded. The database will also record the unit standards achieved by the student. This allows easy access to and evaluation of the progress of the students. Retain a copy of theory and practical assessments prior to sending to NZEET

Only register unit standards following confirmation of competency by NZEET and authorisation of NZEET provider code.

RECORDING GATEWAY DETAILS AND PLACEMENT PROGRESS

The following fees to supply student learning resources and monitor workplace assessment for 2025 are:

- \$35GST exclusive per credit

Any costs associated with practical assessment of unit standards will be the responsibility of the school. Retain a copy of theory and practical assessments prior to sending to NZEET. Only register unit standards following confirmation of competency by NZEET and authorisation of NZEET provider code.

RECORDING GATEWAY DETAILS AND PLACEMENT PROGRESS

The marking of assessments for students is the responsibility of NZEET, the reporting of results and costs of registering credits with NZQA on the NQF is the responsibility of the Gateway school. Unit standards may only be credited against a students Record of Learning following school receiving authorisation from NZEET of students competency. This is done by using NZEET confidential provider code 8497. As this is a confidential code it can ONLY be used with express permission and in relation to Gateway students who are enrolled with and using resources supplied and verification of competency advised by NZEET.

DISPUTES

In the event that a dispute arises between NZEET and the named school, the parties will make a genuine effort to resolve the dispute.

If the parties cannot resolve the dispute, they agree to:

- Each nominate a representative with authority to negotiate and settle on their behalf
- Go to mediation.

SIGNED FOR AND ON BEHALF OF THE SCHOOL

School Address

Name of School

Address

Postcode

Phone

Email

PLACEMENT DETAILS

Name

Title

Address

Postcode

Phone

Email

SIGNED ON BEHALF OF SCHOOL

Signature

Date

Print name

NZEET REPRESENTATIVE

Signature

Date

Print name

Please complete, sign and return to:

Georgie Bolton

South Island

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E Georgie@hrnz.co.nz

Sally Waters

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