

Information For Completing Unit Standard Assessment

Dear Course Participant

You have expressed interest in being assessed for a unit standard assessment.

The total assessment fee is the standard assessment fee of \$120.00 + GST.

Application Process:

a) Complete documentation:

- Complete the Application for Unit Standard Assessment on the following page.
- If not already "hooked-on" to the New Zealand Qualifications Framework, i.e. you do not have an NZQA ID number, complete the National Qualifications Framework Registration (Hook-On) Form on page 3. On receipt of this form, we will arrange for you to receive a NZQA ID number.

b) Forward Application Form (and NQF Registration details if applicable) to EMA Learning using one of the options given below:

- Email assessment@ema.co.nz
- Scan and email to assessment@ema.co.nz
- Post forms to QA Manager, EMA Northern Private Bag 92066 Victoria Street, West Auckland 1142

Note:

If, during the completion of this assessment you have difficulty understanding the requirements, please feel free to contact us on assessment@ema.co.nz

Thank you

Kevin Chambers

QA Manager - EMA Learning

Application For Unit Standard Assessment

You may use this form to apply for assessment if you:

1. Attended the course through EMA Learning or its affiliates
2. **Have not been formally assessed and credited with the unit standard in the past**

Complete Details (all are compulsory):

Surname (family name)

First Names (given names in full)

Address Line 1

Address Line 2

City **Postcode**

Company Name

Company Address Line 1

City **Postcode**

Daytime Contact Number

Email Address

Declaration:

I wish to apply for assessment against the unit standard cited below. I understand I will need to demonstrate my skills/knowledge through one or more forms of assessment and those charges for this service are as set out below.

The **Unit Std. No.** and the **Title** fields are compulsory. You may leave the other fields blank. If you don't know the Unit Std. No. or Unit Std. Title, enter "O" in the **Unit Std. No.** field and the EMA course name in the **Title** field.

Unit Std. No.	Title	Level	Credits	Std. Fee	Total Fee
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$120 + GST	<input type="text"/>
Total amount due					<input type="text"/>

Enter your full name (Signature) Date

- By clicking here, I acknowledge that typing my full name in the box above is equivalent to my signing on paper for the purposes of authenticity and verification.

Payment options (Select one):

- Please invoice my company as above. Order Number
- Please charge my Credit Card. No. Expiry Date
- Visa Amex MasterCard

Cardholder's Full Name (Signature)

- By clicking here, I acknowledge that typing my full name in the box above is equivalent to my signing on paper for the purposes of authenticity and verification

EMA Training Centre

New Zealand Qualifications Framework Registration (Hook-On) Form Only for those participants who are not hooked on to the NZQA framework

Privacy Statement: The information collected is for the purpose of:

1. Registering you on the NZQA data base to start your record of learning on the NQF
2. EMA using the details to maintain your record of achievement with them.

By not supplying the details asked for, EMA is unable to hook you onto the NQF. This form will be retained by EMA as evidence of your authority as under the declaration below. Please complete all of Section A. Section B is optional. Type in the spaces provided.

Section A

Note: The name you provide will appear on your NZQA Record of Achievement and Certificates.

Surname (family name)

First Names (given names in full)

Address (this should be your permanent address, NOT a temporary address)

Address Line 1

Address Line 2

City Postcode

Date of Birth Day Month Year

Declaration: By completing the above details, dating the form and sending it to EMA I am declaring:

The particulars supplied above are correct and authorise the New Zealand Qualifications Authority and EMA Training Centre to collect information from and/or exchange information with any Teaching Institution, Industry Training Organisation or Government Agency with which I am enrolled, or have requested enrolment or funding.

Full Name (Signature) Date

- By clicking here, I acknowledge that typing my full name in the box above is equivalent to my signing on paper for the purposes of authenticity and verification.

Section B (for statistical purposes only)

Tick appropriate option below:

Male Female

Tick the ethnic group(s) you feel you belong to:

<input type="checkbox"/>	African	<input type="checkbox"/>	German	<input type="checkbox"/>	NZ European/Pakeha	<input type="checkbox"/>	South Slav
<input type="checkbox"/>	Australian	<input type="checkbox"/>	Greek	<input type="checkbox"/>	NZ Māori	<input type="checkbox"/>	Sri Lankan
<input type="checkbox"/>	British/Irish	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	Tokelauan
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Italian	<input type="checkbox"/>	Other European	<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Other Pacific Island group	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Cook Island Māori	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Other Southeast Asian	<input type="checkbox"/>	
<input type="checkbox"/>	Dutch	<input type="checkbox"/>	Latin American	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>	Fijian	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>	Polish	<input type="checkbox"/>	
<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Niuean	<input type="checkbox"/>	Samoaan	<input type="checkbox"/>	