

SUPPORTING INFORMATION

Health and Safety in Construction Programme



Programme Rules

The following rules apply to completing this programme:

- You must achieve a minimum of 40 programme credits.
- You must complete two of the following courses:
 - o Site Specific Safety Planning
 - o Risk Management
 - o Leadership in Safety
- Each piece of workplace evidence is one programme credit. You can only achieve a maximum of nine credits from workplace evidence.
- You may cross credit recognised learning from other providers up to a maximum of 10 credits. Please refer to the Programme Handbook for further detail on which unit standards or courses Site Safe recognise, and contact Site Safe for further information.
- All training, assignments, and workplace evidence must be completed within five years for you to complete the programme.

When the above criteria has been met, you will be ready to graduate. Please get in contact with Site Safe if you have any questions.

Enrolment Information:

Thank you for expressing an interest in this programme. This page outlines our enrolment policies, and terms and conditions for this programme, which are subject to change. This information should be read in conjunction with Site Safe's terms and conditions on the website: www.sitesafe.org.nz

Please keep a copy of this as a reference.

Your Workplace and Personal Contact Details

Always keep your contact details up to date. Let Site Safe New Zealand (Site Safe) know about changes or call 0800 SITE SAFE to update your information. If your job/role changes, your employer changes, or you leave work, please let us know as soon as you can so that we can update your records.

Enrolment Conditions

To enrol into this programme, you must:

- Provide Site Safe with proof of identity. This can be either a Travel Passport and any associated document such as a visa, Birth Certificate, or Citizenship
- Be 18 years of age or over
- You must have a level of English literacy that enables you to complete the course and programme requirements
- Provide Site Safe with English Language proficiency if you are on a Work or Student Visa. If this applies to you, please contact Site Safe for further information.

Once these conditions have been met, you will be officially enrolled into the programme, and can begin to complete your programme learning with Site Safe.

Work Visas

If you are working in New Zealand on a visa, we will check that you can complete your programme before your visa expires. If your visa expires, your enrolment will cease. If you are waiting for a renewal, your enrolment can be placed on hold. Please contact Site Safe to make these arrangements.

Withdrawals

You may withdraw from your programme if your personal circumstances change. Please talk to Site Safe in these circumstances. We may be able to assist you continue or put your training on hold.

Cancellations

Site Safe reserves the right to cancel training courses. If you have booked onto a training course, Site Safe will contact you if details of the course changes. We will also work with you to rebook onto another course if the course is cancelled.

If you do not attend the course you have booked, our standard terms and conditions on our website apply.

Support Services

Site Safe offers learners support and guidance. If you require any support for completing the programme, please contact Site Safe.

Privacy Statement – Data Collection and Sharing

Site Safe collects and stores information from the enrolment form in accordance with the Privacy Act 2020 and the Education Act 1989.

The information collected on this form is shared with external organisations as follows:

- TEC for statistical and reporting purposes
- NZQA for recording achievement
- Ministry of Education for the National Student Index
- Immigration NZ for the Visa View database
- Industry bodies for statistical and reporting purposes
- Research companies acting on Site Safe's behalf.

Storage

Site Safe holds your personal data securely in our Learning Management System; this will include your programme enrolment, finance records, and assessment results.

Results

Site Safe shares your assessment results and information about your progress with your employer (if applicable).

Literacy and Numeracy Assessment

Information from the Literacy and Numeracy Assessment for Adults online tool will only be disclosed and/or used to provide support to you and your employer where deemed necessary by Site Safe.

Learner Work

Evidence portfolios, assignments and assessments, workbooks, photos of your workplace and any other learner work provided for assessment will be used only for assessment and moderation. Samples may be held by Site Safe for moderation purposes for up to two years before secure disposal.

When you apply:

Please ensure you have provided the following documentation and details. If any of the following is missing, this application will not be processed.

This area is for your reference only:

I have supplied a copy of my identification

(Travel Passport, Birth Certificate, or Citizenship)

I have provided my Citizenship details

I have provided details of my Education history

I have signed the Enrolment form

ENROLMENT APPLICATION

Health and Safety in Construction Programme



This enrolment application obtains key information we need to enrol you into a qualification at our organisation. We collect information from you required by government agencies for statistical and registration purposes. Please **complete all sections** of this application, sign or type your name on the last page, and return it to: programme@sitesafe.org.nz

If you have any questions, please call us on 0800 SITE SAFE (0800 748 372). This application will not be processed unless all information is received. Please ensure you checked your application against the SUPPORTING INFORMATION area.

Personal Details

Preferred Title: Mr: Ms: Miss: Mrs: Other: _____ Site Safe ID Number: (If known) _____

Gender: Male: Female: Other:

Print your full legal name as it appears on your Birth Certificate or Travel Passport

Given Name(s): _____

Surname: _____

Preferred First Name: _____

Previous Name(s) known by: _____ Date of Birth: day ____ month ____ year ____

Email: _____ Mobile: _____

Work Phone: _____ Home Phone: _____

Position in Company: Worker/Employee: Supervisor: Manager: Business Owner:

Personal Address Details:

Number: _____ Street: _____

Suburb: _____

Town/City: _____

Post Code: _____

Employer Details: (If applicable)

Contact Person: _____

CompanyName: _____

Postal Address: _____

Suburb: _____

Town/City: _____

Post Code: _____

Phone: _____

Email: _____

Emergency Contact Details:

In the event of an emergency, who do you want us to contact?

Name: _____

Relationship to you: _____

Phone/Mobile: _____

NZQA Number (also known as NSN): (If known)

Citizenship Details:

Please ensure you have completed the following:

COUNTRY OF CITIZENSHIP: _____

RESIDENTIAL STATUS: (Please select one)

New Zealand Citizen

Residence Class Visa

Work Visa

Student Visa

Other

Ethnicity: Please tick any that apply to you.

<input type="checkbox"/> NZ European/Pakeha	<input type="checkbox"/> South African	<input type="checkbox"/> Cambodian
<input type="checkbox"/> New Zealand Maori**	<input type="checkbox"/> Dutch	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Samoan	<input type="checkbox"/> Greek	<input type="checkbox"/> Other Southeast Asian
<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Polish	<input type="checkbox"/> Chinese
<input type="checkbox"/> Tongan	<input type="checkbox"/> Southern Slav	<input type="checkbox"/> Indian
<input type="checkbox"/> Niuean	<input type="checkbox"/> Italian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Tokelauan	<input type="checkbox"/> German	<input type="checkbox"/> Japanese
<input type="checkbox"/> Fijian	<input type="checkbox"/> Other European	<input type="checkbox"/> Korean
<input type="checkbox"/> Other Pacific Peoples	<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Australian	<input type="checkbox"/> Latin American	<input type="checkbox"/> Other
<input type="checkbox"/> British/Irish	<input type="checkbox"/> African	<input type="checkbox"/> Not stated
<input type="checkbox"/> Canadian	<input type="checkbox"/> Filipino	

** If you identify as New Zealand Maori, please specify your Iwi: _____

ENROLMENT APPLICATION

Health and Safety in Construction Programme



Activity and Education: What is your main activity or occupation at the time of this enrolment: (Please select one box only)

Wage or salary worker

Self-employed

Non-employed or beneficiary (excluding retired)

Retired

Overseas visitor

Secondary school student

University student

Polytechnic student

Private Training Establishment student

Wananga student

Secondary School Education

What was the name of the last secondary school you attended?
(If applicable, write "overseas")

What was your last year at secondary school? _____

What is the highest level of achievement you hold from a secondary school?

No formal secondary qualifications

14 or more credits at any levels

NCEA Level 1 or School Certificate

NCEA Level 2 or 6th Form Certificate

University Entrance

NCEA Level 3 or Bursary or Scholarship

Overseas qualification

Not Known

Other

Tertiary Education (Industry Training, Polytechnic, University, etc)

What was the name of the last tertiary organisation you attended?
(If applicable, write "overseas" or N/A)

What was your first year you enrolled? _____

What is the highest level of achievement you hold from a tertiary organisation?

No formal tertiary qualifications

Level 1 Certificate

Level 2 Certificate

Level 3 Certificate

Level 4 Certificate (trade certificate)

Level 5 Certificate (advanced trade certificate)

Diploma

Bachelor Degree or Higher

Miscellaneous education (training/courses/tickets)

Other

Health and Wellbeing:

Do you live with the effects of significant injury, long term illness, impairment, or disability? If yes, please specify: (The information you supply is confidential)

Hearing

Speech

Physical

Mental Health

Learning

Vision

Mobility

Head Injury

Temporary Impairment

Other (Please specify): _____

Declaration:

I declare that the information provided by me is accurate and complete and any assessment work completed as part of this course is my own.

I understand that failure to disclose required information or the supply of incorrect information may result in my enrolment not being processed, or in my enrolment being cancelled.

I authorise Site Safe to disclose my information in accordance to the privacy policy on the understanding that Site Safe will observe the general conditions governing the collection, use, storage and disclosure of personal information under the Privacy Act 2020.

I understand that I may view any information Site Safe holds about me at any time and amend any errors in that information, by contacting Site Safe or emailing privacy@sitesafe.org.nz.

Learner Signature: _____ Date: _____

Employer Signature: _____ Date: _____
(If applicable)