

# Individual Education Plan/Registration Form

**Student name:**

**Date of birth:**

**Gender:**      Male                      Female

**School year:**      Yr 11                      Yr 12                      Yr 13

**Home address:**

**Home phone:**

**Mobile:**

**Email:**

*The student's email address must be unique to them.*

**NZQA/NSN ID Number:**                      —                      —

Please type your official NZQA/NSN ID number (not exam candidate code).

**Ethnicity:** Tick box(es) next to the ethnic group(s) you feel you belong to (for statistical purposes only):

European/Pakeha or NZ European	New Zealand Māori †	Chinese	Middle Eastern
British/Irish	Tongan	Filipino	Latin American
Dutch	Cook Island Māori	Cambodian	African
Greek	Fijian	Vietnamese	
Polish	Samoan	Sri Lankan	
South Slav	Niuean	Japanese	
German	Tokelauan	Korean	
Australian	Other Pacific Island*	Asian*	
Other European*			

† NZ Māori: Iwi

\*Please specify

**Disabilities** (including learning disabilities e.g. numeracy/literacy):

Do you live with the effects of injury, long-term illness or disability?      Yes                      No

If yes, please specify

# Individual Education Plan continued

Name of school:

Name of school co-ordinator:

Email:

Phone:

Name of workplace:

*If known at this time. If not, please leave this section blank.*

Workplace address (site):

Workplace address (postal):

Workplace email:

Phone:

Workplace supervisor:

## Privacy statement

The information you are providing will be used for the purpose of enrolling you into and administering your MITO training programme, and for statistical purposes. We will keep your information secure, and will only share it with other parties that are involved in the funding, administration or delivery of your MITO training programme. If any of the information requested is not provided, we will be unable to process your application. Your information will be retained by MITO in accordance with the Privacy Act 2020. You can request a copy of your information at any time and ask for it to be updated. If you have any questions, please contact MITO on 0800 88 21 21.

## Student declaration

While on work placement I agree to adhere to all health and safety measures, the rules and codes of behaviour of my school and all applicable workplace rules and policies.

Student to sign

Date

## ShiftUp<sup>®</sup> programme

Start date:

Expected finish date:

Duration (weeks):

Days of placement

Workplace start times

Workplace finish times

ShiftUp<sup>®</sup> can be completed via Gateway. To complete the ShiftUp<sup>®</sup> programme the student needs to complete the unit standards listed below, totalling 18 credits. The practical assessment is completed in a workplace.

UNIT STANDARD	UNIT STANDARD TITLE	LEVEL	CREDITS	ELEARNING	PRACTICAL
29579	Demonstrate knowledge of good work habits and safe work practices in the automotive industry	2	4	√	
29580	Demonstrate good work habits and safe work practices in the automotive industry	2	4		√
1735	Demonstrate knowledge of the commercial road transport industry	2	3	√	
15408	Describe motor vehicle documentation and general systems and components	2	4	√	
3465	Describe driving hazards and crash risk reduction strategies and responses to driving hazards	2	3	√	