

Application for Enrolment

Exporter Growth Programme and Export Health Check

PERSONAL DETAILS			
Title (tick one):	Mr	Mrs	Other (please specify)
Family name:	First names:		Preferred name:
Job title:		How long have you been in this role?	
Please briefly describe your work:			
What is your highest qualification?			
Have you undertaken Distance Learning before?		Where did you study?	
Is there any other information you think is important for us to know?			
BUSINESS DETAILS (or attach your business card)			
Business name:			
Business address:			
Telephone:		Fax:	
Website:		Mobile:	
Email address:			
BUSINESS PROFILE			
Trading since:	Sole trader:	Partnership:	Registered Company:
Please describe your organisation's exporting activity (e.g. products you currently export or are interested in exporting; country/countries your organisation is exporting to or interested in exporting to?):			
Approximately what percentage of your organisation's turnover is from exports?			

ENROLMENT DETAILS – please tick the parts of the programme you want to participate in:

Export Health Check Only	Exporter Growth Programme Only
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Export Health Check plus Exporter Growth Programme

What do you hope to achieve by participating in the Exporter Growth Programme?

DELIVERY DETAILS (for your learning materials):

How would you prefer us to contact you? (please tick one):	Email:	Telephone:	No preference:
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HOW DID YOU HEAR ABOUT US?

NZ School of Export website	Export New Zealand	NZTE
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Media (please specify)	Other
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FEE PAYMENT OPTIONS

Payment terms strictly 14 days from the date of invoice. Please tick one option only:

I wish to participate in the Export Health Check only, please invoice me/my organisation for the full amount of: \$2,250.00 plus GST

I wish to participate in the Exporter Growth Programme only, please invoice me/my organisation for the full amount of:\$3,515.00 plus GST

I wish to participate in the Export Health Check AND Exporter Growth Programme, please invoice me/my organisation for the full amount of \$5765.00 plus GST

I wish to participate in the Export Health Check AND Exporter Growth Programme, please contact me to set up per-module payments

Disclosure and use of information

The information you have provided in this form may be personal information for the purposes of the Privacy Act 1993. You are entitled to have access to and to correct that information. The New Zealand School of Export is collecting the above information to allow us to administer the Export Health Check and Exporter Growth Programme. Your details will not be passed or sold to any other person(s) or bodies.

DECLARATION

By signing this enrolment form , you agree that the New Zealand School of Export:

- May collect, use and disclose the above information only for the purposes set out above;
- Is not liable for any loss that may arise out of the use of, or reliance on, information or advice provided under the Export Health Check or Exporter Growth Programme;
- Is required to ask for your co-operation in order to provide feedback on the Export Health Check and/or Exporter Growth Programme to its auditors and monitoring agencies.

I confirm that the details I have supplied are true and correct. I understand that if this information is subsequently found to be false, my enrolment will be cancelled and I will be liable for any costs incurred to the New Zealand School of Export in cancelling my enrolment. I understand my enrolment will not be actioned if I do not sign this Declaration.

Name: (please print):

Signature:

Date:

Please complete all the relevant information and sign this form. Fax, post or email your completed form to: New Zealand School of Export, Aokautere Park, 75 Staces Road RD1, Palmerston North 4471 ☎ 06 356 1057 📧 info@export.ac.nz

We will be in touch shortly – thank you for your application.