

Training Statement



Work and Income
Te Hiranga Tangata

A service of the Ministry of Social Development

CLIENT NUMBER

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Name

1. **What is your name?**

First name(s)

Surname or family name

Birth date

2. **What is your date of birth?**

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Day Month Year

Address

Q3 note: If you live in a rural area, a house number could include:

- RAPID number
- fire number
- emergency services number.

Q4 note: Mailing address includes:

- postal box (PO Box)
- rural delivery details
- C/O address.

3. **Where do you live?**

Flat/house no.

Street name

Suburb

City

4. **What is your mailing address (if different from above)?**

If you live at a rural address please include your rural delivery details here:

Training details

5. **What is the name of your course?**

6. **Is the training a Training Opportunities course?**

Yes ▶ Please provide the TEC number:

No ▶ What organisation runs the course?

7. **When did or will you start and finish the course?**

Start			
	Day	Month	Year
Finish			
	Day	Month	Year

8. **Is the course more than 20 hours per week?**

No

Yes ▶

Give the number of hours per week:

Client statement

9. **Have your circumstances changed?**

No

Yes ▶

Please discuss with Work and Income

The information I have given is true and I have not left anything out.

Client's name (print)

Client's signature

Day	Month	Year

Trainer statement

Please get your Training Organisation to complete this section.

This information is required under section 12 of the Social Security Act 1964.

I confirm that the above course details are true and complete.

Trainer's name (print)

Trainer's signature

Day	Month	Year

Name of training organisation:

Telephone number of training organisation: