

Application for forklift trainer registration

All sections of this form must be completed

Applicant details:

Surname:

First names:

Date of Birth:

NZQA Number:

Current DOL trainer registration number *(if applicable)*:

Male: Female:

Ethnicity:

Contact details:

Address: *(this should be your permanent address)*:

Mobile:

Fax:

Email:

Company details:

Company Name:

Company Address:

Qualifications:

(list only those qualifications relevant to forklift operation, or teaching, or assessment see Appendix E to ACOP or add copy of your NZQA record of learning)

Continue on separate page(s) if required

Summary of your experience and resources: <i>Please attach evidence of ALL of the following ACOP requirements: (Incomplete applications will not be considered)</i>	Check (✓)
Your current forklift operator's certificate <i>From the most recent refresher course you attended</i>	
Detailed written summary of forklift operator work experience CV	
Assessor qualifications (required only if you wish to assess unit standards) <i>Must include at minimum unit standards 4098 and 11552, plus the forklift unit standards you wish to assess</i>	
Train the trainer qualifications See 'Forklift Trainer Qualification Info' Sheet for recognized qualifications	
Copy of current driver's licence	
Written verification of forklift knowledge and experience by third party (Reference)	
Copy of forklift trainer registration certificate (if held)	
<i>If NOT already using an approved course.</i>	
Instructional material, visual aids, tests and answers that you intend to use	
Copies of certificates or cards to be issued to trainees who successfully pass your course	

Declaration:

I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my forklift training from, and/or exchange information with any:

- Relevant Tertiary Education Organisation, or
- Industry Training Organisation or
- Government agency with which I am enrolled, or
- Employer relevant to my forklift work experience

Signature: _____

Date: _____

Notes:

This completed application form plus your training material makes up your application to be registered as a forklift trainer, certified in accordance with the provisions of the Approved Code of Practice for Forklift Trainers and Operators.

Applications should be electronically submitted to forklift@competenz.org.nz
Copies of your material will be retained as the official record of your submission.
For any queries please contact us on **0800 526 1800**.

Result of pre audit check:

- Application meets ACOP Requirements and cleared for On-site Audit
- Does not meet ACOP requirement

Signature: _____

Date: _____

National Registrar – Forklift Trainers