

# REGISTRATION FORM

Office use only

Reference No \_\_\_\_\_

## To register for the Enterprise Training Programme:

1. Complete all relevant details and sign.
2. Post or fax to your local Enterprise Training Provider.

To be eligible for the Enterprise Training Programme, you must be an owner, operator or manager of a small or medium sized enterprise (SME).

**For the purposes of Enterprise Training, SMEs are defined as having the following characteristics:**

- Are personally owned
- Are commercially trading
- Have less than 20 full time staff
- Have few, if any, specialised managerial staff
- Are not part of a larger business enterprise

**Two other groups are also eligible for specific Enterprise Training Programme services, namely:**

Start-ups:

- Are not yet trading
- Are not registered unemployed  
*(please complete section 2 only)*

Maori Trustee Training

- Trustees and Managers of Maori Trusts and Incorporations registered under the Te Ture Whenua Maori Act 1993 and Managers and Trustees managing in Maori assets multiple ownership.

## 1. Business Details *(please complete all questions.)*

Business Name \_\_\_\_\_

Business Structure:

- Not yet trading (Start-ups only)
- Sole Trader
- Partnership
- Cooperative
- NZ Private Company
- NZ Public Company
- Maori Trust/Incorporation
- Other *(please specify):* \_\_\_\_\_

Business Postal Address \_\_\_\_\_

Business Street Address \_\_\_\_\_

Phone | | | | | Fax | | | | | Mobile | | | | |

Email | | | | | Website | | | | |

Business Profile: Trading since | | | | | *(Day, Month, Year)* Exporting? Yes  No

No. of equivalent full time employees, excluding owner operating the business: | | |

## 2. Personal Details *(please complete all questions.)*

Name

*Title*

*First Name*

*Last Name*

Job Title:  Owner/Operator  Director  Partner  Trustee  Manager  Other *(please specify):* \_\_\_\_\_

Postal Address \_\_\_\_\_

Street Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Gender: Male  Female

Ethnicity: *tick one*  NZ European  Maori – specify Iwi \_\_\_\_\_  Pacific  Asian  Other

Referred by: *tick one*

- |                                  |                                      |                                       |   |
|----------------------------------|--------------------------------------|---------------------------------------|---|
| <input type="radio"/> Television | <input type="radio"/> Telephone      | <input type="radio"/> BIZ             | <input type="radio"/> NZTE employee           |
| <input type="radio"/> Newspaper  | <input type="radio"/> Internet       | <input type="radio"/> Marketing event | <input type="radio"/> Other government agency |
| <input type="radio"/> Radio      | <input type="radio"/> Flyer/Brochure | <input type="radio"/> Word of mouth   |   |

### 3. Company Description *(please complete all questions.)*

Briefly describe your business

---

---

---

---

ANZSIC Codes *(those codes that most closely describe your business operations)*

- |  |  |   |
|--|--|---|
| <input type="radio"/> <b>A</b> Agriculture, Forestry, Fishing  | <input type="radio"/> <b>G</b> Retail Trade                      | <input type="radio"/> <b>M</b> Education                        |
| <input type="radio"/> <b>B</b> Mining                          | <input type="radio"/> <b>H</b> Accommodation, Cafes & Restaurant | <input type="radio"/> <b>N</b> Health & Community Services      |
| <input type="radio"/> <b>C</b> Manufacturing                   | <input type="radio"/> <b>I</b> Transport & Storage               | <input type="radio"/> <b>O</b> Cultural & Recreational Services |
| <input type="radio"/> <b>D</b> Electricity, Gas & Water Supply | <input type="radio"/> <b>J</b> Communication Services            | <input type="radio"/> <b>P</b> Personal Services                |
| <input type="radio"/> <b>E</b> Construction                    | <input type="radio"/> <b>K</b> Finance & Insurance               |   |
| <input type="radio"/> <b>F</b> Wholesale Trade                 | <input type="radio"/> <b>L</b> Property & Business Services      |   |

#### Disclaimer

No representation or warranty is made concerning the quality or accuracy of the information and advice provided under the Enterprise Training Programme. Accordingly, neither the Enterprise Training Provider nor New Zealand Trade and Enterprise and none of their employees or contractors is liable to you or any other person for any loss which may arise out of the use of or reliance on that information or advice. Appropriate professional advice should be sought before any business decisions or commitments are made.

#### Use of Information

The above information 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 Enterprise Training Provider is collecting the above information for the following purposes:

- to register you as a participant in the Enterprise Training Programme and to contact you with details of the Enterprise Training Programme and concerning various matters relating to administration of the programme, and
- to provide New Zealand Trade and Enterprise (NZTE) with information about participants in the programme.

NZTE requires this information for the purposes of undertaking compliance audits of programme providers, surveying participants about the programme, and providing feedback to Enterprise Training Providers about their performance. It may also be used by NZTE, or its contractors under the programme, to offer other assistance to programme participants. NZTE may also provide this information to the Ministry of Economic Development for the purposes of monitoring and auditing the programme and reporting to Government.

#### By signing this Registration Form, you agree that the Enterprise Training Provider and NZTE:

- may collect, use and disclose the above information for the purposes set out above; and
- are not liable for any loss that may arise out of the use of, or reliance on, information provided under the programme.

Signature \_\_\_\_\_ Date / / \_\_\_\_\_

Please complete all relevant information and sign this form. Post or fax your completed form to the Enterprise Training Provider listed on the front of this brochure.