New Zealand Society of Gunsmiths Inc.

Website; www.gunsmithsociety.com
Email; gunsmiths@xtra.co.nz
PO Box 52, Kaitaia, 0441,
Northland, New Zealand.
Tel / Fax; + 64 9 409 3835

GUNSMITHING PROGRAMME

NZSG

ASSESSMENT ENROLMENT FORM

PERSONAL DETAILS

SURNAME

FIRST NAMES

DATE OF BIRTH **GENDER - MALE** **FEMALE**

PLEASE COMPLETE IF YOU CAN

NZSG ID

NZQA ID

FIREARMS LICENCE NO.

ADDRESS DETAILS

	HOME	WORK
POSTAL ADDRESS		
TELEPHONE	STD ( )	STD ( )
FACSIMILE	STD ( )	STD ( )
E MAIL		

ASSESSMENT CONTRACT

COURSE ID	CERTIFICATE / COURSE NAME	FEE $

COMPLIANCE WITH THE PRIVACY ACT

I consent to the personal information which I have provided to NZSG being used for the purposes related to the matters with which I am involved in my capacity as a candidate and as required by protocols between external agencies and NZSG as listed below. I understand that without this concent my enrolment cannot proceed.
I understand that I have the right to see and correct if necessary, the information I have provided.
Apart from NZSG, the intended recipients of my personal information are all or any of the following; Ministry of Education; New Zealand Qualifications Authority; Engineering and Food Manufacturing Industry training organisation, Libraries; Tribal Trusts and other scholarship providers (where financial support is given by these agencies); staff or any tertiary institutions with which NZSG has a conjoint arrangement in which I participate; other agencies where disclosure is required for data matching or the maintenance of Law and Order as defined in the Privacy Act 1993.

REFUND POLICY

ASSESSMENT COURSES: NO REFUNDS will be allowed after the start of ASSESSMENT
CANCELLED COURSES: A FULL REFUND WIL BE MADE IN RESPECT OF COURSES CANCELLED BY NZSG.

DECLARATION;

I undertake to comply with the Rules and Regulations of NZSG.
I understand that if I have supplied false information or not complied with the rules and regulations of NZSG my enrolment may be cancelled by the EXECUTIVE OFFICER.
I have read and understand the Privacy Act information above

SIGNATURE;

DATE;

When completed please forward this form with fees (Cheque or money order) to NZSG at the address above.