NEW ZEALAND QUALIFICATIONS AUTHORITY
MANA TOHU MĀTAURANGA O AOTEAROA

Directory of Assessment Standards - RESULTS

PLEASE USE BLOCK LETTERS

A separate form must be submitted for each learner. If a learner does not have an NSI Number, a Registration (Hook-On) Form must be sent. An invoice will be issued to the Providers account once results have been processed

Provider Name: _____

Full Name of Learner: _____ _____
(Surname/Family name) **(Full given names)**

NSI No: _____ Date of Birth: / /19

Learner's Address:

	Local ID Number:

Standard No.	Version	Result C = Credit N = No Credit	Credit Value	Completion Date
Total Credit Value Column A				

Standard No.	Version	Result C = Credit N = No Credit	Credit Value	Completion Date
Total Credit Value Column B				

Total **A** & **B** [ ] x ($1.58 per credit) = [ ]
Total credit value **NZQA Fee**

PROVIDER DECLARATION:
I declare to the best of my knowledge, all the information on this form is true and correct.

Signed: _____Designation: _____ Date: _____ / ____ / ____