



NEW ZEALAND QUALIFICATIONS AUTHORITY  
MANA TOHU MĀTAURANGA O AOTEAROA

**APPLICATION FOR REISSUE  
OF  
REVISED QUALIFICATIONS  
ON THE NATIONAL QUALIFICATIONS FRAMEWORK**

<b>Name of Standards Setting Body:</b>	
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<b>Contact for these qualifications (if different from Chief Executive):</b>		
<b>Position:</b>		
<b>Postal address:</b>		
<b>Street address:</b>		
<b>Telephone</b>	<b>Land line:</b>	
	<b>Mobile:</b>	
<b>E-mail address:</b>		

<b>Name of qualification compiler:</b>	
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<b>Qualification Title(s)</b>	<b>NQF Ref.</b>
1.	
2.	
3.	
4.	
5.	

<b>CHECKLIST FOR REVISION OF QUALIFICATIONS</b>		
Tick box for compliance, or include explanatory comments in covering letter if required	Checked by	
	SSB	NZQA
Unit standards and classifications have been checked and are current	<input type="checkbox"/>	<input type="checkbox"/>
Prerequisites have been checked and are accurate	<input type="checkbox"/>	<input type="checkbox"/>
References to other qualifications are accurate	<input type="checkbox"/>	<input type="checkbox"/>

Supporting Documentation	Attached
• Hard copy of qualifications	<input type="checkbox"/>
• Annotated hard copies of the registered versions of the qualifications showing the changes that have been made	<input type="checkbox"/>
• Electronic copy of qualifications	<input type="checkbox"/>
• Prerequisite Diagram for unit standards listed in the qualifications (sketch or electronic)	<input type="checkbox"/>
• Hard and electronic copy of <i>Revision Report</i> outlining the rationale for revision, the main changes made, and transition arrangements	<input type="checkbox"/>
• Completed <i>Checklist for the Evaluation of Transition Arrangements</i> if required	<input type="checkbox"/>

**I confirm that**

• this application and the associated new versions of these qualifications have been endorsed	<input type="checkbox"/>
• appropriate consultation has taken place of which evidence is available on request	<input type="checkbox"/>
• these qualifications have undergone an edit	<input type="checkbox"/>

**Signed**

**Date**

**Name:**

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Please return this form and all required documentation to:

Framework Registration  
 New Zealand Qualifications Authority  
 PO Box 160  
 WELLINGTON

If the contact information for the Chief Executive of the ITO has changed recently, please provide the following information.

<b>First and second names:</b>	
<b>Position name:</b>	
<b>Postal address:</b>	
<b>Street address:</b>	
<b>Telephone:</b>	
<b>Fax:</b>	
<b>E-mail address:</b>	