

## Credit Inclusion of Other Qualifications in the National Certificate of Educational Achievement

**Application Form**  
**To be completed by the Qualification Owner or their Delegated Agent in New Zealand**

All relevant sections of this form must be completed  
A separate form must be completed for each qualification/qualification component

### Section A: Applicant details

Name of Qualification Owner, and their delegated agent\* in New Zealand, if this application is being made by the agent.

Owner: \_\_\_\_\_

Delegated agent: \_\_\_\_\_

\_\_\_\_\_

#### *New Zealand contact details*

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_

#### *Contact person*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

\* Refer to 7.4.2 [Application for a qualification to appear on the approved list](#)

**Section B : Qualification or Qualification component details\***

Title: \_\_\_\_\_  
\_\_\_\_\_

Level: \_\_\_\_\_ Credits: \_\_\_\_\_

NQF Field: \_\_\_\_\_ NQF Subfield: \_\_\_\_\_

NQF Domain: \_\_\_\_\_

Description:

Please attach a description of the qualification/qualification component. A detailed breakdown of all the learning outcomes is to be included.  
Either an electronic or hard copy format is acceptable.

**Credit Exclusions**

List Unit standards and Achievement standards at the same National Qualification Framework level, that have substantially the same learning outcomes as the qualification/qualification component described above. Indicate which subfields and domains have been searched to obtain this information.

Note that exclusions only operate at the same level as the qualification/qualification component.

Domains searched: \_\_\_\_\_

Subfields searched: \_\_\_\_\_

Number: \_\_\_\_\_ Achievement or Unit standard (circle)

Name/Title: \_\_\_\_\_

Number of credits: \_\_\_\_\_ Level: \_\_\_\_\_

Number: \_\_\_\_\_ Achievement or Unit standard (circle)

Name/Title: \_\_\_\_\_

Number of credits: \_\_\_\_\_ Level: \_\_\_\_\_

\* Refer to [7.4.2 Application for a qualification to appear on the approved list](#)

Number: _____	Achievement or Unit standard (circle)
Name/Title: _____	
Number of credits: _____	Level: _____
Number: _____	Achievement or Unit standard (circle)
Name/Title: _____	
Number of credits: _____	Level: _____

**Section C: Attachments**

Please attach to this document:

- A copy of the letter granting approval for your qualification
- A copy of your 'Course Approval and Accreditation Analysis Report'
- A detailed breakdown of the learning outcomes of the qualification/qualification component.
- Proof of delegation, if this application is being completed by an agent, and not the qualification owner.
- A cheque for \$300 plus GST, made out to NZQA.

Please note:

In making this application, qualification owners are accepting that only an NCEA accredited provider (normally the school at which the student is enrolled) can verify authenticity of students results, and submit them for credit inclusion.

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

Send the completed form to The Manager Assessment New Zealand Qualifications Authority PO Box 160 WELLINGTON