

School Candidate Form - National Qualifications Framework (NQF) Fees

Name	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		
	First name	Surname		
Address	<input style="width: 95%;" type="text"/>			
	<input style="width: 95%;" type="text"/>			
Name of school	<input style="width: 95%;" type="text"/>			
NSN	<input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>	(National Student Number)		
Date of Birth	<input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>	(dd/mm/yy)		
Fee paid	\$ <input style="width: 150px;" type="text"/>	Late Payment Fee Included? (Y/N)	<input style="width: 20px; height: 15px;" type="checkbox"/>	
Declaration: I agree to abide by the Assessment and Certification Rules and Procedures set down by NZQA concerning national schools qualifications.				
Candidate's signature	<input style="width: 95%;" type="text"/>			
Date	<input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/> <input style="width: 15px; height: 15px;" type="text"/>	Academic Year being paid for	<input style="width: 100px;" type="text"/>	
Method of Payment		Post this form with appropriate fee to: Finance NZQA PO Box 160 Wellington 6140 Fax: 04 802 3409 Phone: 04 463 3000		
<input type="checkbox"/> Cheque	<input type="checkbox"/> Visa			<input type="checkbox"/> Mastercard
<input style="width: 95%;" type="text"/>				<input style="width: 30px; height: 15px;" type="text"/> <input style="width: 30px; height: 15px;" type="text"/>
Card Account Number				Expiry Date
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>			
Cardholder's Signature		Cardholder's Name		
For NZQA use only				
Receipt number: _____		Receipt Date: ____/____/____		
Payment Processed by: _____		Processed Date: ____/____/____		