

# REQUEST FOR WORKPLACE ASSESSMENT AND/OR COMPETENCY TEST

|                                       |
|---------------------------------------|
| <i>Apprentice/Trainee Name:</i> ..... |
| <i>Company Name:</i> .....            |

This form should be sent to PrintNZ Training when all of the training requirements for the relevant level have been met and you are ready for a Workplace Assessment and/or Competency Test. This form is to be completed and signed by your training supervisor. PrintNZ Training will then issue an invoice for the assessment and/or test. Payment of the invoice is required before the Workplace Assessment is organised and later the Competency Test(s) sent.

Please tick which Level the Workplace Assessment and/or Competency Test(s) is for:

- Level 2                       Level 3                       Level 4

|   |
|---|
| <p><b>Training Supervisor to complete</b></p> <p>I have checked that the:</p> <ul style="list-style-type: none"><li>• required correspondence assignments are completed <input type="checkbox"/></li><li>• relevant training guides are signed off for the level <input type="checkbox"/></li><li>• tasks for this level are able to be performed consistently to the required standard <input type="checkbox"/></li></ul> <p>Signature .....</p> <p>Name .....</p> <p>Position .....</p> <p>Date .....</p> |
|---|

**Please fax this form to PrintNZ Training on 0800 654 488**