

Training School - Enrolment Form (Level 2 or 4)

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| <i>National Certificate in Compliance & Regulatory Control – Animal Control (Level 2)</i> | Details | | |
| Council/ Local Authority Name: | | | |
| Name of Manager/ Supervisor/ Contact Person and Contact Details: | | | |
| Name of Participant and Contact Details: | | | |
| Length of Service in Animal Control Industry: | | | |
| Course Dates Requested: | <i>(If available)</i> | | |
| Level 2 | | | |
| Level 4 | | | |
| Accommodation Required: | <i>(Circle Selection Required)</i> | | |
| | YES | NO | |
| Number of Nights Required: | | | |
| Arrival Details: | <i>Date:</i> | <i>Time:</i> | <i>Flight No.</i> |
| Departure Details: | <i>Date:</i> | <i>Time:</i> | <i>Flight No.</i> |
| Participant's NZQA number: | | | |
| Is the Council/ Local Authority signed on with LGITO? | <i>(Circle Selection Required)</i> | | |
| | YES | NO | |
| If the Council/ Local Authority is NOT signed on to LGITO please forward the form to LGITO: | | | |
| Has the Supervisor/Manager signed-off the 'Training School Confirmation of Practical Hours' form? | <i>(Circle Selection Required)</i> | | |
| | YES | NO | |
| <p>Please forward to:</p> <p>Zarene Gerbich Direct Service Solutions Ltd PO Box 58 977 Botany 2163 South Auckland</p> | | | |