

Gateway Placement Agreement

This two page form is to be completed by the **School Gateway Coordinator** and sent, along with payment and the Memorandum of Understanding, to Academy New Zealand, PO Box 21 199, Edgware, Christchurch 8143.

Student Details	
Student's Name:	_____
	<i>(First Name) (Last Name)</i>
Student's NZQA Number:	□ □ □ - □ □ □ - □ □ □ □
Student's Date of Birth	_____
	<i>(Day / Month / Year)</i>
Student's Gender: <i>(please tick ✓)</i>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Highest Previous Qualification <i>(Please tick ✓)</i>	<input type="checkbox"/> NCEA Level 1 <input type="checkbox"/> NCEA Level 2 <input type="checkbox"/> NCEA Level 3
	<input type="checkbox"/> No Previous Qual <input type="checkbox"/> Other _____

Workplace Details	
Workplace:	_____
Workplace contact:	_____
Workplace Physical Address:	_____
	<i>(Number) (Street)</i>

	<i>(Suburb) (Post Code)</i>

	<i>(Town/City)</i>

School Details	
School:	_____
School Physical Address:	_____
	<i>(Number) (Street)</i>

	<i>(Suburb) (Post Code)</i>

	<i>(Town/City)</i>
School Gateway Coordinator:	_____
	<i>(First Name) (Last Name)</i>

	<i>(Phone Number)</i>

	<i>(Fax)</i>

	<i>(Email)</i>

Unit Standard Workbooks

Please select Unit Standard(s) from the list below:

Unit Standard Number	Unit Standard Description	Please tick (✓)	Work book (\$)	Delivery (\$)	Assessment (\$)	Cost (Inc GST)
20688 L2 C5	Provide service to floristry customers		\$50	NA	\$180	\$230
9641* L3C3	Apply legislation, codes, and standards to the supply of products and services as a pharmacy assistant		\$50	\$120	\$200	
23656 L2C2	Demonstrate knowledge of procedures for handling hazardous substances in the pharmacy		NA	\$60	\$200	
9645* L3C4	Advise pharmacy clients on personal health care and products to maintain optimal health		\$50	NA	\$180	
9657* L3C3	Advise pharmacy clients on the management of infectious diseases and parasitic conditions		\$50	NA	\$200	
11949 L2C2	Create displays using supplied materials in a retail or distribution environment		NA	NA	\$100	
TOTAL AMOUNT PAYABLE						\$

* these units require a minimum of 30 days in the workplace prior to assessment.

Payment

A cheque for \$_____ is enclosed to cover the costs of the Unit Standard workbook(s) and registering credits with NZQA. Cheques should accompany this form and the MoU in the post, and made payable to 'Academy New Zealand', SchoolPlus Co-ordinator, PO Box 21 199, Edgware, Christchurch 8143.

Checklist

For Gateway Placements to be processed, Academy New Zealand require the following:

- Memorandum of Understanding between the School and Academy New Zealand;
- Duly authorised Gateway Placement Agreement; and
- A cheque covering the costs for the Unit Standard(s) selected.

For further information please contact Academy New Zealand on (3) 366 3785 or email gateway@academy.ac.nz

Academy New Zealand notification of acceptance of placement

Once signed off below and returned to the School Gateway Coordinator this constitutes acceptance by Academy of the placement and provision of services.

Signed _____ Name _____ Date _____