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**Enrolment and Assessment Results**

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **Course Number:** |  |
| **Title:** (Please tick) | Miss  Mrs  Ms  Mr | **Course Date:** |  |
| **Surname:** | **Course Venue:** | | |
| **First Name(s):** |  | | |
| **Maiden Name:** |  | **Date of Birth:** |  |
| **Address:** |  | | |
|  | | |
| **Email:** |  | | |
| **Phone Number:** |  | **Mobile Number:** |  |
| **Employer:** |  | **NSI/NZQA Number:** |  |
| **Ethnicity:** | **What Ethnic group(s) do you belong to?** |  | |
| **Citizenship / Residency:** | **Are you a NZ citizen or Permanent resident?** (Please tick) | Yes  No | |
| **Course Name:** | **Oral Fluid collection & drug screening** | **Trainer/Assessor:** | Susan Nolan |

**Notes:**

1. In signing this form I give authority for Industry Training Works to access, retain and report information relating to my education and Training, in accordance with the Privacy Act 1993. This may involve sharing such information with other learning organisations for the purpose of verifying academic records, and internal administration.
2. If you have any concerns about your physical capability to do any of the practical components of this course, or require any assistance with interpreting the resource materials or assessment, please contact your Trainer/Assessor
3. **Industry Training Works is a Category 2 Private Training Establishment**
4. This form is used as the prime data for processing results to NZQA

**Candidate Signature:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Unit #** | **Unit Title** | **Version** | **Credits** | **A/NYA** | **Date Assessed** |
| **32327** | Perform oral fluid specimen collection for drug testing | 1 | 2 |  |  |
| **32328** | Perform oral fluid drug screening in the workplace | 1 | 4 |  |  |
| **Total Credits:** | | | 6 |  | |

|  |  |
| --- | --- |
| **A: Achieved the Unit Standard** | **NYA: Not Yet Achieved Unit Standard** |

**Assessor Signature:**  **Name: Susan Nolan**