

Service Statement of Student Support



Student name:

Service details

Name:

Type:

Name of service manager:

Street address:

Postal address:
(If different from above)

Phone: Fax:

eMail:

Associate Caregiver

An Associate Caregiver is a more senior healthcare professional who provides support and guidance to students during their field experience.

Name of Associate Caregiver:

Role:

Years of experience:

eMail address:

Associate Caregiver signature:

Date:

Please note: Associate Caregivers are required to complete a New Zealand Tertiary College Associate Caregiver Application Form. If you have not previously submitted an Associate Caregiver Application Form, please complete the form included in this application.

Declaration

- I have read the New Zealand Tertiary College prospectus and understand the study requirements of the students chosen program and mode of study at New Zealand Tertiary College
- I am prepared to assist the student to complete their study requirements in this service provider. I am prepared to enable the student to attend any required classes and distance learning block course as outlined in the prospectus for the students chosen mode of study

Signature of service manager:

Date:

Wait! Before returning this form, please check that you have:

- Read the New Zealand Tertiary College website (www.nztertiarycollege.ac.nz)
- Completed all sections of the form
- Completed the Associate Caregiver Application Form (if not previously submitted by the nominated Associated Caregiver)
- Signed and dated this form

Should you have any queries, please phone New Zealand Tertiary College on +64 9 520 4000

Please return via: **Scan and eMail: enrolments@nztertiarycollege.ac.nz****Fax: 09 520 4020**or post to: **Auckland Campus**

New Zealand Tertiary College
PO Box 17143
Greenlane, Auckland 1546

Christchurch Campus

New Zealand Tertiary College
PO Box 5561
Papanui, Christchurch 8542

New Zealand Tertiary College office use only:

- Service approval
- Service eMail address
- Associate Caregiver Application received

Name of staff member:

Date: