

Dear Applicant,

Thank you for your interest to become a Vertical Horizonz New Zealand (VHNZ) Certified Trainer.

The VHNZ mission is to provide real training that saves lives.

The work of a Trainer is challenging but also immensely rewarding and satisfying. Trainers are required to work with a wide variety of people in challenging environments. An important aspect of instructing at VHNZ is travelling to learners, so Trainers must have the ability to travel and be prepared to work onsite with their peers and students during some courses.

VHNZ training involves real-risk activities. Our Trainers need to have well developed industry specific skills and be able to make decisions based on sound judgement and knowledge. Trainers must be excellent communicators who are able to convey information clearly and concisely. An Adult Education or teaching background or experience in managing and facilitating groups in industry sector is expected.

To apply to become a VHNZ Trainer, you must submit the Application Form below outlining details of relevant industry experience especially currency of skills and teaching experience.

If you have the relevant skills, credibility in the industry and VHNZ need Trainers in your area, you will be contacted by a Regional Manager. At this stage further documentation will be sent to you by the Regional Manager, and you may then attend as a participant on several courses at your own cost, to upskill your knowledge and understand the VH way of delivering training.

To be recognised as a VHNZ Certified Trainer you will have:<sup>1</sup>

- Attended the VHNZ training course(s) you want to deliver (VHNZ only covers travel costs).
- A current First Aid Certificate (available through VHNZ at your cost).
- Completed NZQA Unit Standard 4098 if you wish to assess Unit Standards.
- Already, or would be willing to work towards, an adult education and training (or equivalent) qualification.
- Met VHNZ's and any external quality assurance standards by demonstrating your ability to deliver the training course.
- Technical expertise, industry credibility and hands-on industry experience.
- Been recommended to instruct on VHNZ courses by two current VHNZ Senior Trainers.

Thank you again for your interest in becoming VHNZ Certified Trainer.

Ben Johnstone

CEO – VHNZ

E-mail: Ben.Johnstone@vhnz.co.nz

<sup>1</sup> NOTE: VHNZ is not in a position to engage trainers applying from overseas. For further information on work visas and residency conditions contact NZIS at [www.immigration.govt.nz](http://www.immigration.govt.nz)

# APPLICATION FORM

This application is designed to assist VHNZ to understand and identify your industry and training experience. Please email [HR@vhnz.co.nz](mailto:HR@vhnz.co.nz) if you have any questions or need assistance.

## CANDIDATE INFORMATION

The position I am applying for is:	
First Name:	Surname:
Business Name:	GST No:
Home Address (incl Post Code):	
Postal Address (incl Post Code):	
Date of Birth:	Home Phone:
Mobile:	Email:
Passport Number: <input type="checkbox"/> Include a scanned copy. Include visa if not NZ passport	Expiry Date:
Licence Number: <input type="checkbox"/> Include a scanned copy	Expiry Date:
NZQA Number:	
Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> Other _____	
Ethnicity (for statistical purposes only): <input type="checkbox"/> Māori <input type="checkbox"/> European <input type="checkbox"/> Pasifika <input type="checkbox"/> Asian <input type="checkbox"/> Other <input type="checkbox"/> Unknown	

## EMERGENCY CONTACT DETAILS

In an emergency who do you wish us to contact:	
Name:	Telephone No:
Mobile Number:	Relationship to you:

## REFEREES

Please give the name, addresses and telephone numbers of professional and personal referees who are in a position to verify your statements and qualifications.

Name:
Relationship to you:
Organisation:
Phone:
E-mail:

Name:
Relationship to you:
Organisation:
Phone:
E-mail:

# DECLARATION

---

By signing this application, I certify that the information I have provided in this application is true and correct to the best of my knowledge.

I authorise VHNZ to consult my referees and/or request verifications and/or academic transcripts from the people or institutions mentioned in my application.

I also authorise VHNZ to contact anyone else they deem relevant to this application.

Signature	
Name (please print)	
Date	

Upon completion, submit your application one of two ways:

- Email: [HR@vhnz.co.nz](mailto:HR@vhnz.co.nz)
- Mail: Trainer Application, VHNZ, PO Box 15-030, Tauranga 3144

# SECTION 1: BACKGROUND

Name:	
-------	--

The purpose of this summary is for you to clearly outline your personal and instructional experience, skills and qualifications, relevant to becoming a VHNZ Certified Trainer.

Please do not feel unqualified if you do not have experience in all of the categories below as we realise the list is extensive and this information is used for both selection and training. For example, successful applicants can complete First Aid and 4098 during their induction.

## RELATIONSHIP TO VHNZ

<p>1. Have you ever worked for VHNZ? Please, tick.</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>If yes, when and in what capacity did you work:</p>
<p>2. How often would you like to work for VHNZ? (e.g., full-time, part-time, contract, X number weekends/courses per year etc).</p>
<p>3. Who are you currently employed by? Please, tick.</p> <p><input type="checkbox"/> VHNZ (name position) _____</p> <p><input type="checkbox"/> Other (name organisation and position) _____</p>
<p>4. Which course(s) DO YOU WANT to instruct on? Please, visit <a href="https://verticalhorizonz.com/">https://verticalhorizonz.com/</a> and indicate the courses that interest you.</p>
<p>5. Please list any VHNZ or other Industry related training courses you have attended or delivered.</p>

## SECTION 2: PROFESSIONAL EXPERIENCE

---

6. Do you have a current First Aid Certificate? Please, tick.

Yes

No

If yes, when does it expire?

7. Have you completed unit standard 4098, or do you have an Adult education and training (or equivalent) qualification? Please, tick.

4098

Adult education and training qualification

If yes detail what, when and where you completed the qualification/standard.

8. Please list any professional qualifications or courses you have completed that are applicable to the course(s) you in which you are seeking certification.

9. Do you have any specialist training or experience in related industries? Please, tick.

Yes

No

Please list any specialised training or experience.

10. Provide a CV with the following:

Insert

Photo (Frontal shot, shoulders up)

Industry experience

Attach any training certificates

History of industry last 10 years.

## SECTION 3: CHECKLIST

---

Use this checklist to ensure your application is processed without delay.

NOTE: This checklist must be attached to each new trainer nomination or application.

	Trainer tick if documentation provided
VHNZ Certified Trainer Application completed and signed	<input type="checkbox"/>
Log/CV attached detailing industry activity and experience	<input type="checkbox"/>
Copy of Passport and Drivers Licence attached	<input type="checkbox"/>
Record of current first aid certificate <i>- must have a current certificate before you can deliver training</i>	<input type="checkbox"/>
Record showing unit standard 4098 (or equivalent) <i>- must hold this qualification before you can deliver training</i>	<input type="checkbox"/>