

NZ INSTITUTE OF FASHION TECHNOLOGY LTD

S.T.A.R. ASSESSMENT ENROLMENT FORM

STUDENT	
Name:	NSI #:
Street Address:	Postal Address (if different)
Telephone number: Cell-phone:	E-mail:

SCHOOL	
Name:	
Street Address:	Postal Address (if different):
Telephone number:	E-mail/Web-site:
S.T.A.R. Contact (Name) Direct Dial Telephone: Cell-phone: E-mail:	Technology Teacher (Name) Direct Dial Telephone: Cell-phone: E-mail:

Unit	Level	Credits	Title	Enrolled Yes/No
17914	2	5	Demonstrate knowledge of workplace practice in the apparel or textile industries	
17915	2	6	Demonstrate know of safe working practices in the apparel and textile industries	
4838	2	3	Demonstrate knowledge of clothing materials in the clothing industry	

Assessments and Appeals:
 All assessment will be against the performance criteria of the unit and/or course component standards to ensure validity.
 Appeals against assessment results will firstly be to the assessor (Teacher), who will forward this to the moderator, NZ Institute of Fashion Technology.

I understand that the decision of the moderator will be final.

SIGNED (Student): _____ **Teacher//S.T.A.R. Contact:** _____

Date: _____ **Date:** _____

NOTE – Please forward the original of this form to:
 NZ Institute of Fashion Technology Ltd
 PO Box 5147, Wellesley Street Auckland 1010 Attn: Jenny Mullins

NZ Fashion Tech Provider Number: 9979