IGNITE COLLEGES

Learner Contract 2024



| Qualification Name: | NZ3111 - New Zeala | NZ3111 - New Zealand Certificate in Real Estate (Salesperson) (Level 4) | | |
|---|--------------------|---|--|--|
| Qualification Start Date: | | | | |
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| All sections pertaining to Ignite Colleges general requirements and my chosen programme have been explained to me. I acknowledge that by signing below, I agree to be bound by the conditions, rules and regulations of Ignite Colleges, as outlined in the Student Handbook. | | | | |
| (INITIAL HERE) | | | | |
| I have read and understood all sections including Resolving Issues, Refund Policy, Student Fee Protection, Rules and Regulations, Disciplinary Process and Ignite Colleges Policy on Cheating | | | | |
| (INITIAL HERE) | | | | |
| Details of course costs have been provided to me. | | | | |
| (INITIAL HERE) | | | | |
| I will not under any circumstances seek to hold Ignite Colleges responsible, accountable and/or liable for any loss, injury or damage (including in each case direct, indirect and/or consequential loss, injury or damage and howsoever arising) whether to myself, to others or to property arising from or related to participation in off-site activities. I will at all times obey the instructions of Ignite Colleges staff and/or the person responsible for the venue and/or activities and will, whether requested to or not, make full disclosure of any medical condition or other information which may be relevant to participation in offsite activities. | | | | |
| (INITIAL HERE) | | | | |
| COMPULSORY: Covid vaccination for students enrolled in Health and Wellbeing or Cookery Programmes | | | | |
| I have been advised by Ignite Colleges that their workplace partners will only accept vaccinated students to complete placements at their facilities. | | | | |
| I understand that I have to be fully vaccinated by the time I commence the mandatory work placement required for the programme I am enrolled in. I will not gain my qualification award if I do not comply with this requirement. | | | | |
| (INITIAL HERE) | | | | |
| STUDENT NAME | | | | |
| STUDENT SIGNATURE | | DATE | | |
| | | | | |