



COURSE REGISTRATION FORM

Name of Course: _____

Date of Course: _____ Location: _____

Name: _____ Permanent Resident: _____ NZ Citizen: _____

Business Name: _____ WINZ client? _____

Business Address: _____

Postal address (if different from above): _____

Work Phone: _____ Home Phone: _____ Mobile phone: _____

Email: _____ Website: _____

GST Registered? Yes/No: _____

Business Structure (please tick): Sole trader: _____ Partnership: _____ Ltd: _____ Other: _____

Business description (Please describe your business or concept in full):

Declaration by Client:

- In compliance with the Privacy Act 1993 I authorize you to collect information about me which will enable you to advise or assist me in the way I have requested. I understand that this information will be to help Nelson Tasman Business Trust. While this information is held in strict confidence, you may pass on to other person specific information that you consider necessary for you to advise or assist me in the way I have requested.
- I have been told of my right to have access to that information and to request correction of it.
- No representation or warranty is made concerning the quality or accuracy of the information and advice provided by NTBT. Accordingly NTBT, their employees and contractors are not liable to you or any other person for any loss which may arise out of the use or reliance on that information or advice.

NTBT and its Programme service providers:

- may collect, use and disclose the above information for the purposes set out above
- are not liable for any loss that may arise out of the use of, or reliance on, information provided
- you will co-operate with requests by NTBT its service providers, auditors or monitoring agencies to provide feedback on the Programme

I am pleased to receive information by email from NTBT about business activities and events. YES NO

Signed: _____ Date: _____

Client Name: _____

I understand that I accept responsibility for the action taken by myself, whether on your advice or not.

OFFICE USE ONLY:

NTBT Client Number: _____ Course Complete: _____

Follow up Appointment: _____

Please return to NTBT: PO Box 1278, Nelson