

**Elective Units Standards
Change Request Form**

Name:	NZQA number:
STP:	
Organisation:	

Please DELETE electives currently chosen:	Please ADD new Electives requested:

Trainee notified of changes

Signed: _____
Employer

Date: _____



Once complete please either fax this form to our office:
04 801 9476



Or alternatively post it to our office:

EMQUAL
info@emqual.org.nz
P O Box 11 988
Wellington

If you need to call us our phone number is: (04) 801 9469