



TWG NZ Future Skills Fund Application

Complete and return this form to asklearning@twgroup.co.nz

Personal Details:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Phone number:	<input type="text"/>	Email Address:	<input type="text"/>
Address:	<input type="text"/>		
		Date of Birth (this is for identification purposes for your chosen course provider)	<input type="text"/>
		Staff ID number (if known):	<input type="text"/>

Description of Training:

What are you wanting to train in?

Why is this of interest?

How will the TWG NZ Future Skills Fund help you?

What role do you see yourself in 12 months?



26 The Warehouse Way, Northcote, Auckland 0627
PO Box 3470, Takapuna, Auckland 0740
twg.co.nz





TWG NZ Future Skills Fund

Application continued

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Course Details:

Course Name:			
Course dates (if known)	Start	Finish	
Course Cost (incl. GST) \$			

Course Provider Details:

Course Provider Name:	
Phone number:	
Email address:	
Physical Address:	
Website:	

Declaration:

I confirm that I have read and understood all the terms and conditions of The Warehouse Group's Future Skills Fund.

Applicant's Signature:

Date:

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