



New Zealand Safety Council

Referee 1:

I verify that the information provided on this application form is correct to the best of my knowledge. I understand that I may be contacted by NZSC to confirm details in this application. I have initialled each attachment to verify sighting of original documents and/or personal knowledge of accuracy. I verify that the applicant has demonstrated the practical skills and knowledge required at the level of competency applied for.

Name:
Position:
Relationship to Applicant:
Address: Country:
Telephone: Fax:
Mobile: E mail:
Signature: Date:

Referee 2:

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