



**Education Sector
e-asTTle External Coordinator Request**

This form is used to create an Educator Sector Account and give you access to e-asTTle as an External Coordinator. Use this form if you would like to:

- apply for access to enable you to use the e-asTTle online service as an External Coordinator
- update your Education Sector user account details for e-asTTle online service

Section 1 Applicant Details

Education Sector User Name <i>(if known)</i>		Title <i>(Mr, Mrs, Ms, etc)</i>	
Given Names *			
Preferred Name <i>(if different)</i>		Family Name *	
Date of Birth * <i>(dd/mm/yyyy)</i>		Gender *	Male <input type="checkbox"/> Female <input type="checkbox"/>
Work Phone *		Role/Position *	
Work e-mail *			
Organisation Name *			

* Fields denoted with an asterisk * are mandatory

Section 2 e-asTTle Usage Details

What is your e-asTTle Role? *	<input type="checkbox"/> Professional development provider <input type="checkbox"/> Cluster coordinator <input type="checkbox"/> Researcher <i>(please complete Section 3 * details on Pg 2)</i> <input type="checkbox"/> Other <i>(please specify):</i> _____	
What will you use e-asTTle for? *		
Have you received e-asTTle training? *	No <input type="checkbox"/> Yes <input type="checkbox"/> Date: _____ Provided by: _____	
How long is this access required? *	3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> 2 years <input type="checkbox"/>	
List of the School Name(s) you will be using e-asTTle service *	School Name(s)*	School MoE Code
	_____	_____
	_____	_____
	_____	_____
	_____	_____

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Section 3: Research information

If you selected the Researcher Role (Section 2) provide us with some more information about your research project.

Section 4: Account owner declaration

- I declare that all information included in this application and any EOI Documents provided are valid and correct.
- I understand that access to this service may be declined if I fail to meet the Education Sector Conditions of Use.

Applicant's Signature **Applicant's Name (please print in full)** **Date**

Section 5: Authoriser's confirmation

This section to be completed by your organisation's Authoriser (Principal, Manager, CEO or equivalent).

- I authorise access to e-asTTle for the applicant as an External Coordinator
- I confirm that the Evidence of Identity (EOI) documents presented is proof of the applicant's identity
- Please refer to Education Sector User Account Guide for appropriate EOI documents.
- I confirm my details provided below are valid and correct

Authoriser's Signature **Authoriser's Name (please print in full)** **Date**

Role/Position: *		Organisation: *	
Work e-mail: *		Work Phone: *	

Section 6: Post or email the completed form to the Education Service Desk

Post:	Education Service Desk PO Box 1666 Wellington 6140	Email:	service.desk@education.govt.nz
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Ministry of Education use only

Schooling Approval		Schooling Approval Date	
MoE Verification		MoE Form Processed Date	
Notes			