

Consultation of Business Qualifications

Small Business

Name:

Organisation:

Email:

Phone:

Sector:

If "other", type sector:

I am responding as:

If responding for an organisation, type name:

NZCB3 Self-employment ES^c^|A

1 Do you agree with the Statement of strategic purpose?

Yes, add comment if you wish

No, please suggest an improvement

2 Do you agree with the graduate profile?

Yes, add comment if you wish

No, please suggest an improvement

3 Do you agree with the pathways?

Yes, add comment if you wish

No, please suggest an improvement

4 Do you agree with the qualification conditions?

Yes, add comment if you wish

No, please suggest an improvement

5 Do you agree with the assessment conditions?

Yes, add comment if you wish

No, please suggest an improvement

6 Overall do you endorse this qualification?

Yes, add comment if you wish

No, please suggest an improvement

NZCB4 Small Business ES² | A

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Please return this form to:

Qualifications Services
New Zealand Qualifications Authority (NZQA)
Email: business.qualifications@nzqa.govt.nz
Fax: 04 463 3114