



This form is to be used by any nominated supervisor that agrees to supervise a holder of a Limited Certificate. This form must be submitted when an applicant applies online or when any change of supervisor occurs.

EW Number

APPLICANT'S DETAILS (filled in by supervised person)

Last Name	First Name
Date of Birth / /	Email
Home Phone	

SUPERVISOR'S DETAILS

Last Name	First Name
Registration number	Company name (if applicable)
Email	Home Phone

SUPERVISOR REQUIREMENTS

Do you hold an equivalent class or higher to the class that your supervisee is working towards?	Yes	No
Do you currently hold a practising licence?	Yes	No
Do you currently supervise other workers?	Yes	No
If yes, please specify how many of the following:		
Limited Certificate holders (overseas applicants)	Trainees	Trade assistants/electrical labourers

SUPERVISOR'S ACKNOWLEDGEMENT AND DECLARATION

In regards to the supervision of

I,

- › have read the Supervision Companion Guide as published on the EWRB website and agree to act in accordance with those guidelines, see www.ewrb.govt.nz/assets/documents/rules-of-the-board/supervision-companion-guide.pdf
- › accept responsibility for the prescribed electrical work carried out by the above applicant
- › agree to notify the EWRB if and when any change in supervision (ie leaving employment or change of supervisor within employment) occurs by written notification to applications@ewrb.govt.nz
- › declare that the details I have provided in this form are true and correct

Signature

Date / /

**Please return this form to: Electrical Workers Registration Board,
PO Box 1473, Wellington 6140, New Zealand**