



Registration of Company Interest in the Gateway Programme

Our Company wishes to become a Gateway Workplace

Company _____

Company Postal Address _____

Company Physical Address _____

Company Phone number () _____

Company Email Address _____

Name of Person who will be the student mentor _____

I agree that the student will receive basic workplace skills under supervision.

Signed _____

Position in Company _____

**Please send to
JITO
P O Box 11-435
Wellington**

Or

**Fax to
04 385 8816**

Or

**Email
deb.paul@jito.org.nz**