

**Annual Fee Form (AF01) for 2024 *for ALL providers***

We recommend that you read the information on the New Zealand Qualifications Authority website regarding the [annual fee](https://www.nzqa.govt.nz/providers-partners/qa-system-for-teos/charges-for-qa/completing-annual-fee-return/) before completing this form. Be aware that the worksheets that relate to section 3 may take some time to complete. You may wish to complete the worksheets first and then come back to complete this form.

Please send this form and the calculation sheets by email to the contact addresses at the end of the form. **Do not send payment with this form.**

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| **1** | **Contact details** |

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|  | MoE # and Name of provider: |  |

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| --- | --- | --- | --- |
|  | Legal registered company/trust name  (if different from above): |  | |
|  |  |  |
|  | **Contact details of person completing this form** |  |
|  | Name: |  | |

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| --- | --- | --- |
|  | Position: |  |

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| --- | --- | --- |
|  | Telephone: |  |

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| --- | --- | --- |
|  | Email: |  |

**If the above contact person is not the Chief Executive please provide details below:**

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|  | Name: |  |

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| --- | --- | --- |
|  | Position: |  |

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| --- | --- | --- |
|  | Telephone: |  |

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|  | Email: |  |

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| **2** | **Fully Funded or Partially Funded Providers** |
|  | Providers who received any form of government funding from the Tertiary Education Commission, whether fully or were partially funded, in the **previous** **calendar** **year** MUST complete this section by entering the equivalent full-time students(EFTS) you were funded for in Box A. **Your funded EFTs can be found on your December SDR**. If you were not funded, either fully or partially, enter NIL or N/A in Box A. |

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|  |  |  | | **Box A** |
|  |  | **Funded EFTS** |  |  | |

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| **3** | **Non-Funded Students**  **Calculate the EFTS number for EACH course** | | | |
|  | **Non-funded, or partially funded, providers must complete all boxes in this section**. If you did not deliver education or training during the **previous calendar year** please enter NIL or NA in the appropriate box. | | | |
|  |  |  | | **Box B** |
|  | **3.1** | For **each course WITH a credit value** you MUST calculate the EFTS number using the Credit Value Worksheet. Take the EFTS figure from Box 1 on the Credit Value Worksheet and enter it in Box B. |  |  | |
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|  |  |  |  | **Box C** |
|  | **3.2** | For **each course WITHOUT a credit value** you MUST calculate the EFTS number using the Learning Hours Worksheet. Take the EFTS figure from Box 2 on the Learning Hours Worksheet and enter it in Box C. |  |  | |
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|  |  | **Add Box A, Box B and Box C and enter into Box D. This is your total EFTS number – funded and non-funded.** |  | **Box D** |
|  |  | **TOTAL EFTS** |  |  | |
| *Note: You may need to use both worksheets but they are NOT interchangeable. Ensure that you submit the worksheets with this form.* | | | | |

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|  | [Help with this section](https://www.nzqa.govt.nz/providers-partners/qa-system-for-teos/charges-for-qa/completing-annual-fee-return/) |
|  | [Credit Value Worksheet](https://www.nzqa.govt.nz/assets/Providers-and-partners/Registration-and-accreditation/Maintain-registration/credit-value-af02.xls)  [Learning Hours Worksheet](https://www.nzqa.govt.nz/assets/Providers-and-partners/Registration-and-accreditation/Maintain-registration/learning-hours-af03.xls) |
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| **4** | **Your annual fee for 2024**  To estimate your annual fee for 2024 multiply Box D (if used) by $10 and enter in Box F. Add $775 to amount in Box F and enter the total in Box G. | |  |
|  |  |  | **Box E** |
|  | **4.1** | Base fee (all providers) | **$775.00** | |
|  |  |  | **Box F** |
|  | **4.2** | EFTS – Multiply Box D x $10 | **$** | |
|  |  |  | **Box G** |
|  | **4.4** | Total annual registration fee (excl GST) – add boxes E and F | **$** | |
| *Note: The Quality Assurance Division reserves the right to validate your figures, so it is important to retain evidence of all workings for your calculations.* | | | |

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| **5** | **Providers who deliver under sub-contract from another tertiary education organisation** | |
|  | If you do not receive direct government funding because you deliver education or training under a sub-contracting arrangement with another provider, please enter the details of this arrangement below. Refer to [Annual Fee for registered providers](https://www.nzqa.govt.nz/providers-partners/qa-system-for-teos/charges-for-qa/completing-annual-fee-return/) on the NZQA website. | |
|  | Name of provider who receives the government funding | No. EFTS you deliver on their behalf | |
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| **6** | **Consistency fee for graduates of New Zealand qualifications** | | | | | | | |
|  | From July 2014, NZQA introduced a new fee for assuring consistency of graduate outcomes. Collection of the fee applies to graduates of New Zealand qualifications at levels 1-6. If you have graduates of these qualifications for the period **1 January 2023 to 31 December 2023**, that have **not** been reported through either the Single Data Return (SDR) or the Industry Training Register (ITR) then please record the information in the table below.  **If you have already reported graduates through the SDR or ITR then you do not need to complete the table.** | | | | | | | |
| |  |  |  | | --- | --- | --- | | **Qualification number** | **Qualification title** | **No. of graduates from qualification** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | | | | | | | | | | |
| **7** | **Attestation:**  **An authorised person from each PTE must attest that the information stated in the Annual Fee form is true. This form is to be signed by a governing member of the establishment who has lawful delegated authority from the establishment to sign.** | | | | |  | | |
|  | I | (full name) | | attest that the figures provided | | |  | | |
|  | on this form are the actual full-time equivalent students for my organisation for **2024** and that all information provided as part of the Annual Fee is correct to the best of my knowledge. | | | | |  | | |
|  | Signature: | |  | | |  | | |
|  | Position: | |  | | |  | | |
|  | Date: | |  | | |  | | |
| **8** | **Checklist** | | | | |  | |  |
|  | Contact details in section 1 are accurate | | | |  | | |  |
|  | All boxes in sections 2 and 3 are filled in | | | |  | | |  |
|  | Work sheets that support section 3 are completed accurately and accompany this form | | | |  | | |  |
|  | Copies of this form and the worksheets (if used) are retained for your records | | | |  | | |  |
|  | ***Note: Do not include any payment – you will be invoiced***   |  |  |  | | --- | --- | --- | | **8** | **Submit this form** |  | |  | Send this completed Annual Registration Fee Form together with the completed Credit Value Worksheet and Learning Hours Worksheet (if used) to:  Post: Annual Registration Fee  Quality Assurance Division  New Zealand Qualifications Authority  Level 12, 119 The Terrace  PO Box 160  Wellington 6140  OR  Email: [annualfees@nzqa.govt.nz](mailto:annualfees@nzqa.govt.nz)  subject heading – **Annual Registration Fee** |  |  |  |  |  | | --- | --- | --- | | **9** | **Annual Registration Fee help** |  | |  | See [Annual Registration Fee for registered providers](http://www.nzqa.govt.nz/providers-partners/registration-and-accreditation/maintaining-registration/annual-registration-fee/) and [Completing the Annual Registration Fee Return Form](http://www.nzqa.govt.nz/providers-partners/registration-and-accreditation/maintaining-registration/completing-annual-fee-return/) on the NZQA website for help and further information.  If you cannot find an answer to your question, contact us on email [annualfees@nzqa.govt.nz](mailto:annualfees@nzqa.govt.nz) or phone 0800 697 296 and ask to speak to the contact person for annual fees in the Quality Assurance Division. |  | | | | |  | | |  |
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| **9** | **Submit this form**  Email the completed Annual Fee Form together with the completed Credit Value Worksheet and Learning Hours Worksheet (if used) to:  Email: [annualfees@nzqa.govt.nz](mailto:annualfees@nzqa.govt.nz)  subject heading – **Annual Fee 2024** | | | |  | | |
| **10** | **Annual Registration Fee help**  See[**Annual Fee for registered providers**](https://www.nzqa.govt.nz/providers-partners/qa-system-for-teos/charges-for-qa/completing-annual-fee-return/) **and**  [**Completing the Annual Fee Return Form**](https://www.nzqa.govt.nz/providers-partners/qa-system-for-teos/charges-for-qa/completing-annual-fee-return/)on the NZQA website for help and further information.  If you cannot find an answer to your question, contact us on email [annualfees@nzqa.govt.nz](mailto:annualfees@nzqa.govt.nz) or phone 0800 697 296 and ask to speak to the contact person for annual fees in the Quality Assurance Division. | | | |  | | | |