

# Annex 1: Employer Endorsement

This section must be completed in English by your employer (preferably by your manager).	
Full name	
Ministry or Government organisation	
Division and/or department	
Job title / Position	
Address of workplace	
Contact phone number	
Email address	
Do you support this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>By selecting yes, you are confirming that the applicant is a current employee and is able to be temporarily released from all of their duties for the duration of the NZELTO programme.</i>
Do you confirm this applicant will remain an employee upon return from the training programme? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature	
Date signed	
Official Stamp	