

Assessor Scope Extension Approval Form

To be completed by Senior Assessor Mentor (SAM) and returned to assessors@skillsactive.org.nz

**Name of assessor
applicant:**

**Details of proposed
scope extension:**

Senior Assessor Mentor Details

Name:

Phone:

Email:

I confirm that:

- the assessor application and supporting documents meets all the Assessor Specific Requirements for the proposed scope extension
- the applicant is suitable to assess the unit standards/qualifications in their extended scope

Scope Extension Approved:

Yes **List qualifications for scope extension**

No **Please provide reason(s) why scope extension not approved**

Comments

SAM signature:

Date: