

Skills Active Assessor Application Form



Complete all the details clearly and return this form with copies of all documentation, **including proof of identification** to your Skills Active Representative. Application forms must be received 6 weeks prior to your preferred workshop. **Please note this is an application process and does not automatically lead to being accepted as an assessor.** Acceptable forms of identification are:

- **Birth certificate (issued after 1 January 1998)**
- **Certificate of identity**
- **New Zealand certificate of citizenship**
- **Expired passport that has not been cancelled**
- **Current passport**
- **Current New Zealand firearms licence**
- **Current New Zealand photo driver licence (Front and Back)**

1. Personal details

Title	Other (please specify)
First names	Preferred name
Last names	Date of birth
Previous/ Maiden names	Gender
Workplace	
Position	
Postal Address	Contact details
Street	Home phone
Suburb	Mobile
City	National Student Number (NSN)
Email address	
Name of organisation where you will be assessing	

2. Assessor Details

Skills Active Representative to complete in conjunction with the nominated assessor and their manager

Meeting date

Organisation/industry demand for this assessor application

Tick the appropriate box below

Organisation does not currently have an assessor

Organisation/Industry does not currently have enough assessors to manage current and/or anticipated demand for assessment

Organisation/Industry is introducing new qualification pathway/s

Include as accurate numbers as possible below

Number of current assessors within the organisation/industry with the same assessor scope

Geographic location

Number of anticipated trainee enrolments over the next 12 months

Nominated Assessor's Proposed Scope

List the qualifications and/or modules for the assessor's proposed scope and attach the appropriate Learning and Assessment Plans



The applicant has provided evidence that meets the Industry Specific Assessor Requirements for intended scope

Nominated Assessor's Workplace Observed Assessment Details

To complete the assessor registration process, a Senior Assessor Mentor (SAM) will observe the assessor carry out the assessment process.

Unit standard 30421 will be awarded when you complete assessor training. This requires you to assess a total of 10 credits. This can be done by assessing a minimum of three unit standards which total 10 credits, or where an industry requires assessors to assess single, larger unit standards, you may assess a single standard of at least 10 credits. A minimum of three different assessment methods, which may include direct observation, verification, oral or written must be used.

In the box below, please indicate the assessments/modules you intend to use to meet the above requirements.

Please note: Where possible, it is expected that you complete the assessments no later than six to eight weeks after the training day.

Assessments/Modules to be assessed

Note: You will not need to complete this section if you have applied for RCC

3. Workshop Details

Note: The cost to attend the Skills Active Workshop is **\$450 (excl. GST)**

If selected for training, please indicate your preferred workshop dates. [See website for details.](#)

Region

Dates

Any special dietary requirements?

4. CV Guidelines



Attach a current copy of your CV and relevant certificates and/or qualifications that includes evidence to show that you meet the Industry Specific Assessor Requirements for the proposed scope.

For more details, please visit our website: <https://bit.ly/2ZINSdh>

Personal Statement

Briefly explain what qualities you will bring to the assessor role

5. Skills Active Assessor Applicant Declaration

I declare that the information supplied is correct and authorise Skills Active to collect information from, and / or exchange information with, any relevant organisation with regard to my application for the role of a Skills Active Registered Assessor.

I understand that to complete the assessor registration process a Senior Assessor Mentor (SAM) will observe me carrying out assessments. Any related travel costs are to be negotiated between the SAM and the trainee assessor/workplace.

I understand that as a Skills Active Registered Assessor, I will be required to participate in annual moderation activities.

As a Skills Active Registered Assessor, I will comply with Skills Active's Quality Management Policies and Procedures and Code of Practice for Registered Assessors.

In accordance with the Privacy Act, I consent to having my contact information and assessment scope made available by Skills Active and undertake to inform Skills Active of any changes to my contact details.

I understand that registration as a Skills Active Registered Assessor is subject to review every three years. Skills Active reserves the right to withdraw my Assessor status at any time.

Signature

Date

7. Endorsements



Attach a reference from at least one referee who can attest to your suitability as an assessor, e.g. current Skills Active assessor, senior work colleague. Please note that more than one reference may be required – see [Industry Specific Assessor Requirements](#).

List the referees here:

Endorsement of Assessor Applicant by Workplace Manager

Workplace

Manager's name

Manager's position

Phone

I will ensure that our assessor is provided with:

Time to attend the assessor training course

Ongoing support to assess staff/trainees as required by the workplace

Time to compile documentation and report credit for the unit/s assessed

Time for moderation requirements

Time to network and continue with professional development

I am aware of what is involved and will provide ongoing support to the applicant to become a Skills Active Registered Assessor and maintain this status. I fully endorse the applicant to become a Skills Active Assessor

Manager's Signature

Date

Endorsement of Assessor Applicant by Skills Active Representative

I do

I do not

endorse the above nominated assessor to proceed in the process to become a Skills Active Registered Assessor. I have discussed and agreed with the applicant the selection of scope.

Skills Active Representative name

Skills Active Representative Signature

Date

8. Final check

Form completed in full including:

Skills Active Representative signature

Workplace signature

CV attached

Copies of relevant qualifications attached

Observed assessment details/modules completed

Copy of passport or birth certificate attached

Applicable Learning and Assessment Plans attached

Copy of NZQA Record of Achievement attached

Professional Referee reference/s attached