

Skills Active Registered Assessor and Senior Assessor Mentor (SAM) Scope Extension Application Form



SKILLS ACTIVE ASSESSORS
The heart of industry training



Active Careers through
On-Job Qualifications

Please complete all details clearly and return the completed form with copies of all documentation to your Skills Active Representative.

1. Personal Details

Title Other (please specify)

First names

Last name Preferred name

Date of birth Gender

Workplace

Position

Postal Address	Contact Details
Street	Home phone
Suburb	Mobile
City	Email address

National Student Number

Name of organisation where you will be assessing

2. Skills Active Registered Assessor or SAM Proposed Scope Extension



List the qualifications(s) and/or modules for the assessor's proposed scope and attach the appropriate training plan(s).

The assessor has provided evidence that meets the Assessor Specific Requirements for intended scope extension

SAM Scope Extension



Personal Statement

Briefly explain how you meet the Assessor Specific Requirements for the scope extension.

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

Meeting date

Reason for scope extension application

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) (list the qualifications below)

Transition from National Certificate to New Zealand Certificate Qualifications

NB: You must include documentation to support your application for scope extension.

Please include reference to the Assessor Specific Requirements to support your assessor scope extension.

Click here to view the Assessor Specific Requirements.

Referee 1

Name Email

Phone

Referee 2

Name Email

Phone

3. Skills Active Assessor 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 or role as a Skills Active Assessor.

I understand that as a Skills Active Assessor I will be required to participate in annual moderation activities and comply with Skills Active's Quality Management Policies and Procedures.

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.

Signature

Date

4. Endorsements

Endorsement of Assessor Scope Extension by Workplace Manager

Workplace

Manager's name

Manager's position

Phone

I will ensure that our assessor is provided with:

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 will provide ongoing support to the assessor and I fully endorse the assessor to have their scope extended.

Manager's Signature

Date

Endorsement of Registered Assessor by Skills Active Representative

I do / do not endorse the above registered assessor to proceed in the process of extending their scope.
I have discussed and agreed with the applicant the extension of scope.

**Skills Active
Industry Development
Advisor Name**

**Skills Active
Industry Development
Advisor Signature**

Date

5. Final check

Form completed in full, including: Skills Active Representative signature Workplace signature.

CV attached.

Copies of relevant certificates attached (to demonstrate Assessor Specific Requirements).

Copy of NZQA Record of Achievement (RoA) attached.

Applicable Learning and Assessment Plan(s) attached.

Office Use Only

Notes

Data entered by Name

Date