Assessor Application Approval Form

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

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Name of applicant:

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
- ☐ the applicant has the required attributes/ qualifications/experience for their proposed scope
- ☐ the applicant is suitable to assess the unit standards/qualifications in their proposed scope

Approved for assessor training Yes ☐ No ☐

Please provide reason(s) why application not approved

Proposed Scope and comments

SAM signature:

Date: