

Skills Active Senior Assessor Mentor (SAM) Application Form



1. Assessor Details

First name Last name

Organisation

Sector

Phone Email address

2. Assessor Scope

Current assessor scope: provide details or attach a copy of your current scope

Details of scope activities applying for

3. Overview of how you meet the person specifications for a Senior Assessor Mentor

Requirements

Registered Skills Active assessor and actively assessing accepted industry standards for at least 2 years

Evidence/Comments

Current expertise and scope in the appropriate sector qualifications **OR** provide evidence to meet the Assessor Specific Requirements for a particular assessor scope

Requirements

Description of how you are recognised as a role model within the sector

Evidence/Comments

Recent working knowledge of current sector best practices within the relevant activity scope(s)

Actively and positively engaged in communicating with, and gaining feedback from, industry stakeholders within their sector

A commitment to the development of the sector and individuals within the sector

Requirements

Availability and time to fulfil the obligations of the SAM contract, including participation in professional development opportunities

Evidence/Comments

Provide the names and contact details for two referees from either

- Current assessor
- Respected industry representative
- Technical expert or current/past employer

4. Skills Active Senior Assessor Mentor 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 Senior Assessor Mentor.
- I understand that as a Skills Active Senior Assessor Mentor , I will be required to participate in annual moderation activities.
- As a Skills Active Senior Assessor Mentor, I will comply with Skills Active’s Quality Management Policies and Procedures and Code of Conduct 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 approval as a Skills Active Senior Assessor Mentor is subject to review every three years. Skills Active reserves the right to withdraw my Senior Assessor Mentor status at any time.



- Current CV attached**
- Copy of relevant qualifications attached**

Signature

Date

5. Endorsements

Professional Referees



Attach a reference from at least one referee who can attest to your suitability as a Senior Assessor Mentor, e.g. current Skills Active assessor, senior work colleague.

Endorsement of Senior Assessor Mentor Applicant by Skills Active Representative

Skills Active Representative name	<input type="text"/>		
Skills Active Representative Signature	<input type="text"/>	Date	<input type="text"/>

Office Use Only

Notes

Data entered by	Name	<input type="text"/>	Date	<input type="text"/>
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Note: To meet Specific Industry Requirements, additional information may be required. Refer SAM Terms of Reference for more details.

Send the completed application form to:

Pat Thompson
Skills Active
14 Sages Lane
PO Box 2183
Wellington 6140
pat@skillsactive.org.nz

We will be in touch with you once your application has been received.