

First name Last name

Workplace Facilitator

		To be completed by Learner and LSA									
		Module	Learning Material	Unit No	Title	Level	Credit	Selected	Module order	Expected completion date	Assessor name
Compulsory	Assessment Practice – Pre-course	online	-	Online pre-course assessment. No full unit standards awarded.		-	-	✓	1		Assessor Liaison to allocate
	Give feedback on performance in the workplace	Received at workshop	9705	Give feedback on performance in the workplace		3	3	✓	2		Skills Active Assessor
	Assessment Practice (L4) Assessment	Folder received at workshop	30421	Carry out assessments against standards to make judgements of learner performance		4	15	✓	3		Assessor Liaison to allocate
			30422	Participate in quality assurance of assessment		4	15				
30423			Participate in assessment processes as a verifier		4	10					

Notes:

- Standard Assessor Training Course enrolment fee. \$450 + GST. (\$250+GST workshop, \$200 + GST assessment costs)
- Full Service Model (contracted assessor)
- Data Coordinator to enrol trainee into AP: Pre-workshop module in Skills Activator.

Skills Active Training Agreement and Assessor Application Form



Active Careers through
On-Job Qualifications

Instructions and Important Information

Who can be a Skills Active Trainee?

To be eligible to be a Skills Active Trainee you must be 16 years of age or over and in one of the following arrangements:

- an employee who is employed and working in New Zealand; or
- a self-employed contractor working in New Zealand under an arrangement with an organisation in the nature of employment; or
- a person volunteering in New Zealand under an arrangement with an organisation in the nature of employment.

What ID do I need to provide as a first time trainee with Skills Active?

As you are entering a NZ Government funded programme, you must provide one of the following ID:

- 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)

If you are working in New Zealand on a work permit or visa, you must also provide a copy of this.

Your workplace/host organisation will be invoiced as per the fee schedule in their Workplace Relationship Agreement. **Skills Active does not invoice individual trainees for their fees.** Invoices will only be raised with the Workplace/Host Organisation. The organisation can then on-charge the fees to the trainee if that is the arrangement.

Need help?

Your Skills Active Learning Support Advisor will assist you in completing this Training Agreement. You can contact them on 0508 4 SKILLS (0508 475 4557).

1. Trainee Details

National Student Number
(if known)

Have you been enrolled with Skills Active in the past?

Yes No

Title Gender Date of birth

*If you answered "Yes" please provide your national student number.
If you answered "No" please attach ID as shown above.*

First names

Last name

Known as

Previous / Maiden name

Ethnicity Primary

Iwi

Secondary

Hapū

Postal Address

Contact Details

Street

Home phone

Suburb

Mobile

City

Email

Postcode

Preferred contact method (please tick one option only) Email Phone Txt Mail

2. Residency Status

Please select your residency status.

New Zealand citizen
(including Cook Islands, Niue and Tokelau citizens)

New Zealand permanent resident

Work permit/work visa

Note: you must provide a copy of your Work permit or work visa.

Australian citizen

3. Employer / Host Organisation Details

Workplace /
Host Name

City/Town

Employed

Volunteer

Self-Employed

Trainee start date

Trainee Job
Role

4. Education Details

Is English your first language? Yes No Do you have a disability that may affect your learning? Yes No
If you do have a disability we will contact you to discuss how to best support your learning.

Are you currently attending a secondary school? Yes No Last year at secondary school

Last School Attended

New Zealand School Name of High School

Overseas School Country

What were you doing before starting this work / employment and training?

Secondary School Student	University Student	Living and / or working overseas
Non-employed or Beneficiary	Polytechnic Student	Private Training Student
Wage or Salary Worker	College of Education Student	Wananga Student
Self-Employed	House-person or Retired	

Highest School Qualification

No formal secondary school education	NCEA Level 2 or 6 th Form Certificate	Overseas qualification (including Baccalaureate & Cambridge Exams)
14 or more credits at any level	University Entrance	Other
NCEA Level 1 or School Cert	NCEA Level 3 or Bursary or Scholarship	

Post-School Qualification

No qualification	Level 5 Certificate / Diploma	Postgraduate
Level 1 Certificate	Level 6 Graduate Certificate	Bachelor Honours
Level 2 Certificate	Level 6 Diploma / Certificate	Masters Degree
Level 3 Certificate	Bachelor Degree, Level 7 Graduate Diploma / Certificate	Doctorate Degree
Level 4 Certificate	Level 7 Diploma / Certificate	

5. Qualification Details

The **Learning and Assessment Plan (LAP)** for the qualification you are signing up for must be attached to this Training Agreement. LAPs are available on our qualifications page at www.skillsactive.org.nz. Your Learning Support Advisor will assist you with this, if you require assistance.

State the qualification you are enrolling into.

Qualification name

NZ Certificate in Assessment Practice Level 4

6. Signatures

Trainee

By signing here you, the trainee, acknowledge that the information supplied is correct to the best of your knowledge. You have read and agree to the terms and conditions listed in the training agreement (section 7) and to the responsibilities listed below. I agree to:

- Achieve at least 10 credits for each calendar year that I am enrolled (where I am enrolled for more than 90 days in the calendar year).
- Supply all my own evidence in assessments.
- Work to complete my qualification in the required time period.
- Advise Skills Active if I need to: place my training agreement on hold; or, my employer has changed; or, if any of my details (including contact details) change.
- To work to the *Code of Ethical Practice for Recreation Professionals* (a copy can be found on www.activecv.org.nz); and
- That I have disclosed any history of fraud, dishonesty or criminal activity that could cause doubt over my fitness or ability to act in my role to my employer; and
- I have the literacy and numeracy skills to allow me to fulfill my role.

Trainee Signature

Name

Employer / Host Organisation

By signing here you, the employer, acknowledge that the information supplied is correct to the best of your knowledge. You have read and agree to the terms and responsibilities of this training agreement, and to the terms and conditions of trade, available in the 'about us' section on our website.

I am responsible for providing support to the trainee and agree that:

- The person identified in this training agreement has a current employment agreement (consistent with the provisions of the Employment Relations Act 2000) or a volunteer/unpaid work arrangement that is in the nature of employment. If a volunteer/unpaid arrangement, there must be an agreement in place with:
 - clear contractual obligations between the parties
 - regular or rostered hours of duty, commitments to attend work on a regular or when required basis
 - a command and control structure
 - an arrangement that can be subject to termination for unsatisfactory performance
- I will provide workplace support to the trainee of a type and level appropriate to the nature/scope of this training
- I will advise Skills Active if the training agreement is to be placed on hold or if the trainee leaves the employment of this organisation

Employer / Host Organisation Signature

Employer / Host Organisation Name

Job title

Phone

Email

Preferred contact method (please tick one option only) Email

Phone

Txt

Mail

Purchase Order Number (if applicable)

7. Terms of Agreement

- **Eligibility:** To be eligible to be a Skills Active trainee you must be 1) employed with a workplace; or 2) a volunteer with a host organisation in a manner that is equivalent to a worker role; or 3) a self-employed contractor contracted to a host organisation.
- **Training Agreement:** This Training Agreement will begin when Skills Active has received full and complete documents and will run for the agreed programme time. An extension of time to complete the training will require written approval from Skills Active.
- **Authorisation:** In signing this Agreement, the trainee and Employer / Host Organisation authorise Skills Active to collect and exchange information with any government agency, NZQA, assessors, or other Industry Training Organisations for the purpose of administering training and assessment activities.
- **LLN:** To assist you in your journey and to help us provide the best service possible, if you have not in the past taken part in a formalised qualification via a TEC approved qualifications provider, you will be required do a Literacy, Language and Numeracy (LLN) assessment online.
- **Fees Free:** You are entering into this agreement in good faith knowing that you have checked your eligibility for the New Zealand Government's Fees Free scheme (this can be checked by inputting your NSN at www.feesfree.govt.nz), and that completing this qualification may affect your future fees free eligibility.

8. Privacy Act 1993

Skills Active respects the privacy of trainees. This privacy statement explains how we may collect, store, use and disclose personal information that you provide to us. You the trainee, authorise Skills Active staff and its agents to:

- collect and securely hold information relevant to this training agreement (note: you can access your personal information on request).
- distribute this information as necessary to manage your training (in accordance with the relevant provisions of the Privacy Act 1993) to the New Zealand Qualifications Authority (NZQA), the Tertiary Education Commission (TEC), education training providers, iwi authorities, graduation ceremony organisers and your employer.
- keep you informed of any changes or updates to qualifications or services, and to support your progress using electronic communications in accordance with the provisions of the Unsolicited Electronic Messages Act 2007.
- use your assessment evidence as part of Skills Active's and NZQA's moderation or quality control systems. Skills Active will remove all references to people/places before using this information for external moderation purposes.
- provide your employer and assessor with your National Student Number ("NZQA hook-on number") and your NZQA Record of Achievement (ROA).
- allow Skills Active and my employer access to the personal information created by the Literacy Assessment Tool for teaching and learning purposes only.
- allow Skills Active and the TEC to use the information and results for research purposes and general statistics on tertiary education.
- Promote your successful completion details on NZRRP if appropriate.

Final check

Have you:

Included appropriate ID if a first time Skills Active trainee? (see important info section at beginning of this form)

Attached the correct Learning and Assessment Plan?

Got your workplace to sign section 6?

9. Skills Active Approval

Learning Support Advisor Signature

Sign Date

Learning Support Advisor Name

Accuracy and signature checked
Appropriate ID sighted and attached
Learning and Assessment Plan attached
Work permit/visa (if applicable)
Fees Free eligible

Notes:

Application forms must be received 6 weeks prior to the workshop.

Please note this is an application process and does not automatically lead to being accepted as an assessor.

Organisation/Industry demand for this assessor application

Tick the applicable 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 First choice of location

Number of anticipated trainee enrolments over the next 12 months

Nominated Assessor's Proposed Scope



List the qualifications(s) and/or modules for the assessor's proposed scope and attach the appropriate Learning and Assessment Plan(s) LAP(s).

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 two assessments.

Evidence requirement for this standard is a minimum of two assessments using different standards with a minimum of 4 credits, or equivalent in total. Where assessors in an industry usually assess single, larger standards, a single assessment of a standard with a minimum of 10 credits could be considered sufficient. Assessment of this single standard must use at least two different assessment methods. **Assessments must be completed within 6-8 weeks following the workshop.**

Assessment One

Module name

Trainee

Assessment Two

Module name

Trainee

3. Workshop details

Note: The cost to attend the Assessment Practice Assessor 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 that includes evidence to show that you meet the Industry Specific Assessor Requirements for the proposed scope. For more details please visit our website: www.skillsactive.org.nz and then go to **Assessors > Assessor Specific Requirements**.

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 1-2 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 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 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

6. Endorsements

Professional Referees



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 (more than one reference may be required - see **Industry Specific Assessor Requirements**)

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 Registered Assessor.

Manager's Signature

Date

Endorsement of Assessor Applicant by Skills Active Representative

I do / 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

7. 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).

Observed assessment details completed (must have module name).

Applicable Learning and Assessment Plan(s) attached.

Copy of NZQA Record of Achievement (RoA) attached.

Professional Referee Reference attached.

Copy of passport or birth certificate attached.