

# Application for extension to verifier scope

Please complete all sections.

All extensions to verifier scope must be approved BEFORE any assessment can take place.

Authorised Competenz member\*

Application date

## Applicants personal details Required by NZQA

First name

Surname

NZQA number

## Applicants contact details (if different from initial application)

Street address

Suburb

City

Postcode

Home phone

Mobile

Home email

## Applicants employment details (if different from initial application)

Company name

Job title

Industry sector

Postal address

Street address

Suburb

City

Postcode

Work mobile

Work email

**Application for extension to verifier scope**

Please complete this page with your recommending Competenz member. Your Competenz representative will be able to provide Training Plans you will verify. List all unit standards that are on the Training Plan for learners you will need to verify.

**Unit standards I wish to verify**

Unit standard	Title	Level	Do you hold the unit on your ROA?	Relevant experience
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Checklist</b>	Please attach documentation to support your application. Send copies, not originals.	Tick
Work history showing applicable experience and/or qualifications that are relevant to the units you are applying for in this extension.		<input type="checkbox"/>
Training Plans you are planning to verify.		<input type="checkbox"/>
Evidence of relevant qualifications (i.e. Certificates, NZQA, ROA)		<input type="checkbox"/>

**Declaration**

- I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my verifier registration, and/or exchange information with any;
  - » Relevant Tertiary Education Organisation, or
  - » Industry Training Organisation, or
  - » Employer relevant to my assessment work experience.
- I accept the Competenz terms and conditions above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Application for extension to verifier scope

For authorised Competenz member* to complete. (This section must be completed)		Tick
I recommend the verifier scope on page two of this form based on the applicant's qualification/s, industry experience and capacity to assess a candidate.		<input type="checkbox"/>
Authorised Competenz member name		
Authorised Competenz member signature		
Date		
For Competenz Quality Assurance use only: evidence verified and assessor scope approved		
Unit standard/ domain	Title	Level
QA approved <input type="checkbox"/> Yes <input type="checkbox"/> No		
QA name		
QA signature		
Date		

\*Authorised Competenz members are: Account Managers, Competenz Training Advisors, Regional Managers, other Competenz Managers