

## Application for extension to assessor scope

### Attention: Training Advisors, Important Information

In light of the exceptionally high volume of applications we are currently receiving, we kindly request your attention to the following steps:

1. Provide a list of the unit standards you require in the downloadable ASSESSOR SCOPE Excel spreadsheet. Please ensure to include this spreadsheet along with your application.
2. Verify that all unit standards listed for scope are still valid and have not expired.
3. Please only supply a training agreement as evidence of the unit standards required.

**To ensure efficient processing within our time constraints, any application that does not adhere to the above guidelines will be returned to you for revision.**

Thank you for your cooperation and understanding.

# Application for extension to assessor scope

Please complete all sections.

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

Authorised Competenz member\*

Application date

## Applicants personal details Required by NZQA

First name

Surname

Assessor stamp number

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

Please complete this page with your recommending Competenz member. Your Competenz Te Pūkenga representative will be able to provide Training Plans you will assess. List all unit standards that are on the Training Plan for learners you will need to assess in the downloadable ASSESSOR SCOPE Excel spreadsheet. Please ensure to include this spreadsheet along with your application.

## Unit standards I wish to assess

Unit standard /domain	Title	Level	Do you hold the unit on your ROA?		Relevant experience
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

**Checklist** Please attach documentation to support your application. Send copies, not originals.

Tick

Current Curriculum Vitae showing applicable experience and/or qualifications that are relevant to the units you are applying for in this extension.

Training Plans you are planning to assess.

Evidence of relevant qualifications (i.e. Certificates, NZQA, ROA)

## Declaration

- I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my assessor 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

For authorised Competenz member* to complete. (This section must be completed)		Tick
I recommend the assessor scope on page two of this form based on the applicant's qualification/s, industry experience and capacity to assess a candidate.		
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 <span style="margin-left: 150px;">Yes</span> <span style="margin-left: 150px;">No</span>		
QA name		
QA signature		
Date		

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