

Application to register as a verifier

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 VERIFIER 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 to register as a verifier

Please complete all sections. A verifier can only verify evidence for their workplace using Competenz Te Pūkenga assessment material for Competenz Te Pūkenga candidates. The assessor is responsible for making the final judgement of competence for the Candidate.

Authorised Competenz Te Pūkenga member*

Application date

Section 1

Applicants personal details Required by NZQA

First name

Surname

Preferred name

Date of birth

Gender

Street address

Suburb

City

Postcode

Home phone

Mobile

Home email

NZQA number

Section 2

Applicants employment details

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 Te Pūkenga member. List all unit standards below or if you need scope for an entire domain, please list all the unit standards on the VERIFIER SCOPE FORM

Section 3

Unit standards I wish to verify

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	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	
			Yes	No	

Section 4

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

Tick

A written summary of industry experience that is relevant to the units you are applying to verify.

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

Evidence of any Adult Education unit standards/qualifications you hold.

Terms and conditions

1. Competenz Te Pūkenga shall register verifiers against criteria that meet industry needs and award them a scope that approves unit standards relevant to their qualifications and experience.
2. Registered verifiers may only verify:
 - » The unit standards listed in their approved scope
 - » Within their current workplace
 - » For Competenz Te Pūkenga candidates
 - » For the assessor they are registered to verify for.
3. Registered verifiers must inform the Competenz Te Pūkenga Quality Assurance team within 14 days of leaving their place of employment. Verifier registration is not automatically transferred to another workplace.
4. Registered verifiers shall comply with all Competenz Te Pūkenga current policies and procedures that apply to assessment.
5. Competenz Te Pūkenga registered verifiers are required to comply with the Privacy Act 1993.
6. Verification of documentation for authenticity must be completed in accordance with the assessment

Declaration

1. I declare that the particulars given above are correct and hereby authorise Competenz Te Pūkenga 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.
2. I accept the Competenz Te Pūkenga terms and conditions above.

Signature

Date

For authorised Competenz Te Pūkenga member* to complete. (This section must be completed)		Tick
1	I have checked that the applicant's employer supports the aforementioned in becoming a registered verifier.	
2	I have explained the Competenz Te Pūkenga assessment and verification process to the applicant.	
3	I have checked that the applicant has relevant experience and qualifications.	
4	I recommend the verifier scope on page two of this form based on the applicant's qualification/s, industry experience and capacity to verify for a candidate.	
5	Authorised Competenz Te Pūkenga member/assessor holds scope for the units requested in this application or	
	Authorised Competenz Te Pūkenga member/assessor does not hold scope for the units requested in this application. An application for an Extension to Assessor Scope is attached.	
Authorised Competenz Te Pūkenga member name		
Authorised Competenz Te Pūkenga member signature		
Date		
Assessor name (if different from Authorised Competenz Te Pūkenga member above)		
Assessor signature		
Date		
For Competenz Te Pūkenga Quality Assurance use only: evidence verified and assessor scope approved		
Unit standard/ domain	Title	Level
QA approved		
<div>Yes</div> <div>No</div>		
QA name		
QA signature		
Date		