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.

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All extensions to assessor scope must be approved BEFORE any assessment can take place.
Authorised Competenz Te Pükenga 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

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Please complete this page with your recommending Competenz Te Pūkenga 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	

		Yes	No	
Checklist Please attach documentation to support your application	n. Send	copies, not or	riginals.	Tick
Current Curriculum Vitae showing applicable experience and/or qualificato the units you are applying for in this extension.	ations tha	at are relevant		
Training Plans you are planning to assess.				
Evidence of relevant qualifications (i.e. Certificates, NZQA, ROA)				

Declaration

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

Signature		
Date		

For authorsied Competenz Te Pūkenga 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 Te Pūkenga member name	
Authorised Competenz Te Pūkenga member signature	
Date	

For Competenz Te Pükenga Quality Assurance use only: evidence verified and assessor scope approved					
Unit standard/ domain	Title	Level			
QA approved	Yes No				
QA name					
QA signature					
Date					

^{*}Authorised Competenz Te Pükenga members are: Account Managers, Competenz Te Pükenga Training Advisors, Regional Managers, other Competenz Te Pükenga Managers