

Service Requisition

Roving Assessor



Complete this form and email, fax or post to:

Training Support Team
PO Box 25 255
Christchurch 8144

Ph: 0800 277 486

Fax: 03 371 9285

Email: cpqinfo@cssito.org.nz

Workplace:	
Contact person	
Email	

Roving Assessor: (Careerforce can assist in finding a suitable person if required)

Name		Assessor #	
Company Name		Cellphone	
Email		Date	

Assessment: (please complete or attach listing)

Trainee Names	NSN #	Unit Std	Appr	Accts
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

Additional expenses requiring approval (eg travel expenses)

Details:

Authorisation		Total	
Assessor Coordinator		Date	