Careerforce Registered   
Assessor Application

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| 1. **General criteria** |
| To become a Careerforce Registered Assessor, applicants must be trained or experienced in standards based assessment. All applicants seeking registration as an assessor must hold – or be prepared to obtain – unit standard 4098 Use standards to assess candidate performance.  To be able to assess unit standards in Community Support; Health, Disability and Aged Support; Human Services; Social Services; Urban Pest Management; and Cleaning and Caretaking, applicants must meet the criteria contained in the Consent and Moderation Requirements (CMR) 024.  In summary, the criteria is that assessors:   * **either** hold a qualification relevant to the content of the standards being assessed, at or above the level of the standards, or are able to demonstrate equivalent knowledge and skills; * keep up to date with legislative and technological requirements and best industry practice relevant to the scope of consent to assess; * undertake relevant training or professional development to remain current in their sector; * where relevant, hold professional registration.   To be able to assess unit standards in Business, Leadership and Management, applicants must meet the criteria contained in a range of Consent and Moderation Requirements (CMR) which include CMRs 023, 112, 113, and 226.  In summary, the criteria is that assessors:   * **either** hold a qualification relevant to Business/Leadership/Management at or above the level of the unit standard/qualification being assessed, **or** are able to demonstrate equivalent knowledge and skills * hold a qualification in any field at least one level above the level of the qualification/unit standard being assessed * undertake ongoing professional development related to the scope of their assessment. |

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| 1. **Checklist** |
| Please send the following documents with this application:  a current position description.  a current curriculum vitae.  Please post, fax or scan and email this application and supporting documents to:  **Post:** Assessor Administrator, Careerforce, PO Box 25 255, Christchurch 8144  **Fax:** 03 371 9285  **Email:** assessor-admin@careerforce.org.nz  For help with this application please call the Careerforce Assessor Administrator on 0800 277 486. |

Section A: to be completed by the applicant

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| 1. **Personal Details** | | | | | |
| **Full legal name:** | First name: | | | Middle name: | |
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|  | Last name: | | | Preferred name: | |
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| **Date of birth:** | Day/Month/Year | **Gender:** | Female | | Male |
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| **NZQA/NSN number:**  (if known) |  | | | | |
| **Mailing address:** | PO Box or street address: | | | Suburb | |
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|  | Town/city: | | | Postcode: | |
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| **Home address:**  (if different from above) | Street address: | | | Suburb | |
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|  | Town/city: | | | Postcode: | |
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| **Email address:** |  | | | | |
| **Phone numbers:** | Home telephone: | | | Work telephone: | |
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|  | Mobile: | | | | |
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| 1. **Ethnicity** | | | | | |
| To which of the following ethnic groups do you consider you belong? Please tick the appropriate box(es). | | | | | |
| NZ European/Pākehā | Niuean | | Other Pacific | | Filipino |
| NZ Māori\* | Cook Islands Maori | | Indian | | Chinese |
| Samoan | Tokelauan | | African | | Other Asian |
| Tongan | Fijian | | Other *please specify:* | | |
| \* If you are of NZ Māori descent, please list the iwi with which you are affiliated. You may also provide the name of your hapu: | | | | | |
| **Iwi:** | | | **Hapu:** | | |
| 1. **Employer’s Details** | | | | | |
| **Company name:** | |  | | | |
| **Your job title:** | |  | | | |
| **Workplace address:** | | PO Box or street address: | | Suburb | |
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| Town/city: | | Postcode: | |
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| **Email address:** | |  | | | |

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| 1. **Scope Request** | |
| I’m applying to assess trainees against the following programmes and/or unit standards (*e.g. New Zealand Certificate in Health and Wellbeing Level 2)* | |
| **New Zealand Certificate in:** |  |
| **New Zealand Certificate in:** |  |
| **Specialist unit standards:** |  |
| **Other:** |  |
| \* If you are unsure of the programmes/unit standards that you wish to assess against, please contact your Careerforce Workplace Advisor. | |

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| 1. **Employment history** | | | |
| Please list your employment history **over the past five years**. | | | |
| **Employer** | **From (month & year)** | **To (month & year)** | **Job title/role** |
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| 1. **Professional registration** | | | | | | |
| Please tick the applicable: | | | | | | |
|  | Registered nurse | |  | | Speech language therapist | |
|  | Enrolled nurse | |  | | Registered midwife | |
|  | Occupational therapist | |  | | Social worker | |
|  | Physiotherapist | |  | | Counsellor | |
|  | Diversional Therapist | |  | | Other : | |
| **Do you have an annual practicing certificate?** | | | | | | |
| **Please tick:** | | Yes  No | | **Registration number:** | |  |

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| 1. **Qualifications gained** | | |
| Please provide details of tertiary qualifications you have gained that are relevant to this application. Please include evidence such as your NZQA Record of Achievement, copies of certificates, your most recently dated practising certificate, etc. | | |
| **Name of qualification** | **Awarded by** | **Year awarded** |
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| 1. **Additional Qualifications Gained and Professional Development** |
| In addition to your employment history and qualifications gained, please list any professional development that you have undertaken in three of the last five years such as completion of short courses, attendance at forums/seminars, professional affiliations, in-service training or certification relevant to the unit standard(s) that you wish to assess against. |
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| Please attach any certificates or other documents which attest to the professional development that you have undertaken. |

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| 1. **Unit Standard 4098** | |
| Please tick one of the following: | |
|  | I will enrol to complete unit standard 4098: *Use standards to assess candidate performance.* |
| **OR** | |
|  | I have completed unit standard 4098 *Use standards to assess candidate performance.* |

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| 1. **Application declaration** | | | |
| All applicants must complete the following sections by ticking the appropriate boxes and dating and signing where specified:  I have completed and signed all sections of this form as required.  I declare that the information supplied is correct and authorise Careerforce to collect information from, and/or exchange information with any organisation as may be required to support my application.  I undertake to inform Careerforce of any changes to my contact details.  As a Careerforce Registered Assessor, I would comply with Careerforce policies and procedures that are relevant to this role.  I acknowledge that my Careerforce Registered Assessor status would be for one year at which point I would undertake a reregistration process.  I understand that as a Careerforce Registered Assessor, I would be required to participate in annual moderation and professional development activities on assessment.  I understand that my registration as a Careerforce Registered Assessor may be withdrawn by Careerforce at any time if assessment practices do not meet moderation requirements or fall outside specified standards. If this situation arises, I understand that I will be given the opportunity to discuss this with designated Careerforce personnel.  I understand that Careerforce makes no undertaking to reimburse me financially or in kind, for any activity carried out by me in my role as a Careerforce Registered Assessor (excluding Roving Assessors). | | | |
| **Signature:** |  | **Date:** | Day/month/year |
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| 1. **The Privacy Act 1993** | | | |
| I authorise Careerforce staff and its agents to:   1. Collect and securely hold information relevant to this Application; noting that you can access it should you so request. 2. Distribute this information as is necessary to facilitate the management of your training and assessments (in accordance with the relevant provisions of the Privacy Act 1993) to the New Zealand Qualifications Authority (NZQA), the Tertiary Education Commission, education training providers, iwi authorities and your employer. 3. Keep you informed of any changes or updates to qualifications or services and to support you using electronic communications in accordance with the relevant provisions of the unsolicited Electronic Messages Act 2007. 4. Use my assessments as part of Careerforce’s and NZQA’s moderation or quality control systems. Careerforce will remove all references to people/places before Careerforce uses this information for moderation purposes. | | | |
| **Signature:** |  | **Date:** | Day/month/year |
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Section B: to be completed by the applicant’s Workplace Manager

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| 1. **Manager’s Support** | | | | | | |
| **Name:** | | | First name: | Last name | | |
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| **Job title:** | | |  | | | |
| **Company name:** | | |  | | | |
| **Email address:** | | |  | | | |
| **Contact number:** | | |  | | | |
| I agree that the applicant has the necessary skills and attributes to become a Careerforce Registered Assessor, including: | | | | | | |
|  | Written and verbal communication skills, including the ability to provide constructive feedback. | | | | | |
|  | Administration and record keeping abilities. | | | | | |
|  | People skills (may include but are not limited to: teamwork, staff supervision and training, interaction with staff and visitors). | | | | | |
|  | Knowledge and practical skills at or above the level of the qualification(s)/unit standard(s) that the applicant is seeking to assess against. | | | | | |
| I will ensure that the applicant is provided with:  Time to attend a one day REAL Assessor Training workshop  On-going support to assess staff/trainees as required in the workplace.  Time to compile documentation and report credits for unit standards against which trainees are being assessed.  Time (and travel if necessary) to meet moderation requirements.  Time to network and continue with appropriate professional development.  Time to support workplace verifiers (if used by the workplace). | | | | | | |
| I acknowledge and accept the requirements involved and will provide on-going support to the applicant to become a Careerforce Registered Assessor and to maintain this status. | | | | | | |
| **Signature:** | |  | | | **Date:** | Day/month/year |
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Section C: Endorsement of clinical competence for specialist assessment areas.

Additional criteria apply for the following unit standards:

* Moving and Handling Suite

1. Unit standard 26977 - *Move a person using equipment and care for equipment in a health, disability, or aged care context*
2. Unit standard 27833 - *support people to use assistive equipment and move in a health, disability, or aged care context*

* Dementia level 4 unit standards 23920, 23921, 23922, 23923
* Palliative Care – unit standards 29523.

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| 1. **Endorsement to assess the Moving and Handling Suite** | | | | |
| Applicants seeking to assess against unit standards 26977 and 27833 are required to meet the following additional criterion: | | | | |
|  | Has at least twelve months recent experience in using moving and assistive equipment safely. | | | |
| **I endorse:**  (name of applicant) | |  | | |
| **Name:** | |  | **Position** |  |
| **Signature:** | |  | **Date:** | Day/month/year |

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| 1. **Endorsement to assess unit standards in dementia** | | | | |
| Applicants seeking to assess against dementia unit standards 23920, 23921, 23922 and 23923 are required to meet the following additional criterion: | | | | |
|  | Holds, or has held, a position of responsibility within the last 5 years that involves direct contact with people diagnosed with dementia. This experience may be in a dementia unit, a dementia day care centre, or with an individual person diagnosed or living with dementia. | | | |
| **I endorse:**  (name of applicant) | |  | | |
| **Name:** | |  | **Position** |  |
| **Signature:** | |  | **Date:** | Day/month/year |
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| 1. **Endorsement to assess the Palliative Care unit standard** | | | |
| Applicants seeking to assess against unit standard 29523 are required to have experience and knowledge of   1. ethical issues that may arise when providing support using a palliative care approach 2. supporting a person with a life-limiting or life-threatening condition and their family/whānau using a palliative care approach 3. supporting a person and their family/whānau during the last days of life.   Are you aware of the Hospice NZ “Fundamentals of Palliative Care” programme?  Have you attended any of the workshops?  Have you completed the programme? | | | |
| **I endorse:**  (name of applicant) |  | | |
| **Name:** |  | **Position** |  |
| **Signature:** |  | **Date:** | Day/month/year |