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Careerforce Registered

Assessor Scope Extension Application Form

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| 1. **Instructions** |
| Complete all sections in a clear and legible manner.  Please be sure that the following has been completed prior to submission:   * The application is signed where required. * Section C is completed for specialist unit standards (as required). * Any supporting documentation is attached to the application.   Post, fax or scan and email the application and supporting documents to:  Post: Assessor Administrator  PO Box 25 255  Christchurch 8144  Phone: 03 371 9285  Email: assessor-admin@careerforce.org.nz  If you have any questions or require help, please call the Careerforce Assessor Coordinator 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: | | |
|  | |  | | |
| Last name: | | Preferred name: | | |
|  | |  | | |
| **Date of birth:** | Day/Month/Year | Gender: | Female | | Male |
|  |
| **Assessor number:** |  | | | | |
| **Mailing address:** | PO Box or street address: | | | Suburb | |
|  | | |  | |
| Town/city: | | | Postcode: | |
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| **Home address:**  (If different from above) | Street address: | | | Suburb | |
|  | | |  | |
| 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. **Employer’s Details** | | | |
| **Company name:** |  | | |
| **Your job title:** |  | | |
| **Workplace address:** | PO Box or street address: | | Suburb |
|  | |  |
| Town/city: | | Postcode: |
|  | |  |
| **Email address:** |  | | |
| **Phone numbers:** | Home telephone: | Work telephone: | |
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| Mobile: | | |
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| 1. **Scope Extension** | | | |
| I’m applying to extend my scope of practice to include the following qualifications and/or unit standards (*e.g. Foundation Skills)* | | | |
| **National Certificate in:** |  | | |
| **New Zealand Certificate in:** |  | | |
| **National Diploma in:** |  | | |
|  | | | |
| **Specialist unit standards:** |  | | |
| **Other:** |  | | |
| \* If you are unsure of the qualifications/unit standards that you wish to assess against, please contact a Careerforce Workplace Advisor. | | | |
| 1. **Additional Qualifications Gained and Professional Development** | | | |
| Please provide details of any additional tertiary qualifications you have gained since you submitted your original Careerforce Registered Assessor Application Form and/or any professional development that relates to this scope extension request. Please include any supporting documentation. | | | |
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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 practising certificate?** | | | | Please tick: | | | Yes  No |
| Registration number: | | |  |
| 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. | | | | | | |
|  | 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 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:** | | |  | |

Section B: to be completed by the applicant’s workplace manager.

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| 1. **Manager’s Support** | | | | | | |
| **Name:** | | | First name: | | | Last name: |
|  | | |  |
| **Job title:** | | |  | | | |
| **Company name:** | | |  | | | |
| **Email address:** | | |  | | | |
| **Contact number:** | | |  | | | |
|  | I support this application and will continue to provide support to the applicant to maintain their Careerforce Registered Assessor status. | | | | | |
| **Signature:** | |  | | **Date:** |  | |

Section C: Endorsement of clinical competence for specialistassessment 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 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 |