****
Careerforce Registered

Assessor Scope Extension Application Form

|  |
| --- |
| 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 8144Phone: 03 371 9285Email: assessor-admin@careerforce.org.nzIf 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.

|  |
| --- |
| 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: |
|  |  |
| **Home address:**(If different from above) | Street address: | Suburb |
|  |  |
| Town/city: | Postcode: |
|  |  |
| **Email address:** |  |
| **Phone numbers:** | Home telephone: | Work telephone: |
|  |  |
| Mobile: |
|  |

|  |
| --- |
| 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: |
|  |  |
| Mobile: |
|  |
| 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. |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| 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.

|  |
| --- |
| 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.

|  |
| --- |
| 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 |

|  |
| --- |
| 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 |
|  |

|  |
| --- |
| 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 |