



## ***Assessor Application Form***

**Contact:**

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**Complete and post to:**

Careerforce  
PO Box 25 255  
Christchurch 8144



# Registered Workplace Assessor Training Courses

2008

Name: \_\_\_\_\_

Workplace: \_\_\_\_\_

Please select your preferred course. Every effort will be made to accommodate your request ✓

0817	TBC (Week of 8 September)	Wellington	TBC	
0811	Sep 16/17	Auckland	Kingsgate Parnell 96-102 Gladstone Road	
0815	Oct 14/15	Christchurch	Latimer Hotel 30 Latimer Square	
0816	Sep 30/Oct 1	Hamilton	Ambassador Motor Inn 86 Ulster Street	
0812	Oct 21/22	Invercargill	Peacehaven Village 498/500 Tweed St, Invercargill	
0814	Nov 25/26	Wellington	Angus Inn, Lower Hutt	

**All courses will run – Day 1 - 9.30am – 5.00pm; Day 2 - 9.00am – 4.00pm and include training for:**

**4098 Use standards to assess candidate performance,  
11281 Prepare candidates for assessment, and  
18203 Verify evidence for assessment for candidate.**

**Section A – Areas of Assessment – to be completed by Applicant**

**Please indicate your preferred scope(s):**

National Certificate in Community Support Services (Foundation Skills) (Level 2)	
National Certificate in Community Support (Core Competencies) (Level 3)	
Unit standard 5012 Demonstrate musculo-skeletal care and handle people safely in a health or disability setting	
National Certificate in Community Support (Residential) (Level 3) (expected end of 2008)	
National Certificate in Community Support (Human Services) (Level 3) (expected end of 2008)	
National Certificate in Community Support (Intellectual Disability) (Level 3) (expected end of 2008)	
National Certificate in Community Support (Vision and Hearing Screening) (Level 3) (expected end of 2008)	
National Certificate in Diversional Therapy (Level 4)	
Dementia unit standards (23920, 23921, 23922, 23923) or (5019, 5020,17029)	

**Section B – Personal Details – to be completed by Applicant**

Is this your first contact with Careerforce, e.g. have you been a trainee or enquired before?  Yes  No

First names		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Family name		DOB dd/mm/yy	/ / (Compulsory for NZQA)
Job title			
Employer			
Work phone	(0 )	NZQA National Student ID	
Home phone	(0 )		
Mobile	(02 )		
Email			
Work address			
Suburb			
City			
Home address			
Suburb			
City			

**Employment History** – provide details of your employment history **over the past five years**. Evidence must be provided which may include letter from employer confirming employment role and dates; or reference that confirms employment role and dates; or other documentation that confirms employment role and dates e.g. Job description plus a record of employment.

Employer	From (month & year)	To (month & year)	Job title/role

Please specify which sector you currently work in, e.g.:

- Aged Care (over 65) Residential
- Aged Care (over 65) Home Based
- Dementia
- Diversional Therapy
- Human Services (under 65) Intellectual & Physical Disabilities.
- Mental Health
- Vision and Hearing Screening
- Other - Please specify \_\_\_\_\_

**Qualifications Gained** – provide details of tertiary qualifications gained relevant to your expected areas of assessment. Evidence may include NZQA Record of Learning, copies of certificates or most recently dated practising certificate.

Name of qualification	Awarded by	Year awarded	Evidence attached
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes
			<input type="checkbox"/> yes

**Section C – Approval of Assessor Applicant – to be completed by Workplace Manager**

Workplace		Manager's name	
Telephone		Manager's position	

**I agree that our assessor applicant has the necessary skills and attitudes to become a registered assessor. This includes**

- Written and verbal communication skills
- Administration and record keeping abilities
- People skills (may include but is 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/unit standards being assessed
- Has recorded the employment history accurately in Section B

**I will ensure that our assessor is provided with:**

- Time to attend assessor training course (if required) and to complete 4098, 11281 and 18203
- Access to two trainees to be assessed within one month of completing assessor training
- Ongoing support to assess staff/trainees as required in the workplace
- Time to compile documentation and report credit for units assessed
- Time (and travel if necessary) for moderation requirements
- Time to network and continue with professional development

I have viewed to workplace Assessor Information Pack outlining the commitment required from both the workplace and the nominated assessor. I am aware of what is involved and will provide on-going support to the applicant to become a Careerforce Registered Assessor and maintain this status. I approve the applicant to become a Careerforce Registered Assessor.

Signature		Date	
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**Section D – Specialist Assessment Areas – to be completed by Workplace Manager**

**Unit Standard 5012 – Demonstrate musculo-skeletal care and handle people safely in a health or disability setting**

Assessors for this Unit Standard are required to meet the following additional criteria:

- The assessor applicant is either a registered nurse, or an enrolled nurse or a physiotherapist or a occupational therapist, or a service co-ordinator or a manager, and

As a registered nurse, a physiotherapist or an occupational therapist, I endorse the applicant to assess against unit standard 5012 as the applicant has at least three years recent experience in safe patient handling practice. I understand that Careerforce may contact me for further verification of my endorsement.

Signature		Date	
Position		Phone	

**Unit standards in Dementia**

Assessors for Unit Standards in this area are required to meet the following additional criteria:

- The assessor applicant has recent experience in a special dementia unit, in a dementia specific daycare centre, or with a consumer diagnosed with dementia and/or has undertaken professional development.

Signature		Date	
Position		Phone	

**Section E – Careerforce Applicant Declaration – to be completed by Applicant**

I declare that the information supplied is correct and authorise Careerforce to collect information from, and/or exchange information with, any relevant organisation with regard to my application for the role of Careerforce Registered Assessor.

I understand that as a Careerforce Registered Assessor I will be required to participate in annual moderation activities.

As a Careerforce Registered Assessor I will comply with Careerforce policies and procedures where relevant.

I am aware that my Registered Assessor status is for five years and if I fail to complete any assessments in that time, or if I am non compliant with moderation, my status will become de-registered.

I undertake to inform Careerforce of any changes to my contact details.

Signature		Date	
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**Section F– Endorsement – to be completed by Careerforce Workplace Advisor (CWA)**

I do endorse the above nominated assessor to proceed in the process to become a Careerforce Registered Assessor.

Signature		Date	
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## Section G – Applicant Checklist – to be completed by Applicant

### All Applicants must submit the following:

I am interested in registering for training in Unit Standard 4098 Use standards to assess candidate performance, 11281 Prepare candidates for assessment and 18203 Verify evidence for assessment for candidate. I have included my preference for course dates.

OR

I have completed 4098 Use standards to assess candidate performance and I have attached a copy of my Record of Learning to show this.

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I understand that the Careerforce Assessor Registration Certificate awarded to each assessor remains the property of Careerforce. It may be withdrawn on request if my assessment practices fall outside accepted standards. If this happens, I understand I will be given the opportunity to discuss the situation.

I have attached photocopies of references and relevant qualifications as detailed in Section D

All sections of this form are completed and signed as required.