

Application for extension to assessor scope

Please complete all sections. All extensions to assessor scope must be approved BEFORE any assessment can take place. Authorised Competenz member* Application date **Applicants personal details Required by NZQA** First name Surname Assessor stamp number NZQA number Applicants contact details (if different from initial application) Street address Suburb City Postcode Home phone Mobile Home email Applicants employment details (if different from initial application) Company name Job title Industry sector Postal address Street address Suburb City Postcode Work mobile Work email



Application for extension to assessor scope

Please complete this page with your recommending Competenz member. Your Competenz representative will be able to provide Training Plans you will assess. List all unit standards that are on the Training Plan for learners you will need to assess.

Unit standards I wish to assess

Unit standard	Title	Level	Do you hold the unit on your ROA?		Relevant experience	
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		
			Yes	No		

					res	INO	
Checklist Please attach documentation to support your application. Send copies, not originals.							Tick
,	owing applicable g for in this exten		or qualifications t	that are relevan	t to the units		
Training Plans y	you are planning	to assess.					
Evidence of rele	evant qualificatio	ns (i.e. Certificat	es, NZQA, ROA))			

Declaration

- 1. I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my assessor registration, and/or exchange information with any;
 - » Relevant Tertiary Education Organisation, or
 - » Industry Training Organisation, or
 - » Employer relevant to my assessment work experience.
- 2. I accept the Competenz terms and conditions above.

Signature		
Date		

For authorsied Competenz member to complete. (This section must be completed)	Tick
I recommend the assessor scope on page two of this form based on the applicant's qualification/s, industry experience and capacity to assess a candidate.	
Authorised Competenz member name	
Authorised Competenz member signature	
Date	

For Competenz Quality Assurance use only: evidence verified and assessor scope approved						
Unit standard/ domain	Title	Level				
QA approved	Yes No					
QA name						
QA signature						
Date						