

# Application to register as a verifier

Please complete all sections. A verifier can only verify evidence for their workplace using Competenz assessment material for Competenz candidates. The assessor is responsible for making the final judgement of competence for the Candidate.

Authorised Competenz member\*

Application date

## Section 1

### Applicants personal details Required by NZQA

First name

Surname

Preferred name

Date of birth

Gender

Street address

Suburb

City

Postcode

Home phone

Mobile

Home email

NZQA number

## Section 2

### Applicants employment details

Company name

Job title

Industry sector

Postal address

Street address

Suburb

City

Postcode

Work mobile

Work email

**Application to register as a verifier**

Please complete this page with your recommending Competenz member. List all unit standards below or attach a copy of the training plan/s highlighting which units you intend to verify.

**Section 3**

**Unit standards I wish to verify**

| 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 |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |
|               |       |       | Yes                               | No |                     |

**Section 4**

**Checklist** Please attach documentation to support your application. Send copies, not originals. **Tick**

A written summary of industry experience that is relevant to the units you are applying to verify.

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Evidence of relevant qualifications (i.e. Certificates, NZQA ROA).

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Evidence of any Adult Education unit standards/qualifications you hold.

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**Application to register as a verifier****Terms and conditions**

1. Competenz shall register verifiers against criteria that meet industry needs and award them a scope that approves unit standards relevant to their qualifications and experience.
2. Registered verifiers may only verify:
  - » The unit standards listed in their approved scope
  - » Within their current workplace
  - » For Competenz candidates
  - » For the assessor they are registered to verify for.
3. Registered verifiers must inform the Competenz Quality Assurance team within 14 days of leaving their place of employment. Verifier registration is not automatically transferred to another workplace.
4. Registered verifiers shall comply with all Competenz current policies and procedures that apply to assessment.
5. Competenz registered verifiers are required to comply with the Privacy Act 1993.
6. Verification of documentation for authenticity must be completed in accordance with the assessment

**Declaration**

1. I declare that the particulars given above are correct and hereby authorise Competenz to collect information relevant to my verifier 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.

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Signature

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Date

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Application to register as a verifier

| For authorised Competenz member* to complete. (This section must be completed) |   | Tick |
|--|---|------|
| 1  | I have checked that the applicant's employer supports the aforementioned in becoming a registered verifier.   |      |
| 2  | I have explained the Competenz assessment and verification process to the applicant.  |      |
| 3  | I have checked that the applicant has relevant experience and qualifications.   |      |
| 4  | I recommend the verifier scope on page two of this form based on the applicant's qualification/s, industry experience and capacity to verify for a candidate.               |      |
| 5  | Authorised Competenz member/assessor holds scope for the units requested in this application or   |      |
|  | Authorised Competenz member/assessor <b>does not</b> hold scope for the units requested in this application. An application for an Extension to Assessor Scope is attached. |      |
| Authorised Competenz member name   |   |      |
| Authorised Competenz member signature  |   |      |
| Date   |   |      |
| Assessor name (if different from Authorised Competenz member above)            |   |      |
| Assessor 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  |       |       |

\*Authorised Competenz members are: Account Managers, Competenz Training Advisors, Regional Managers, other Competenz Managers