Careerforce Assessor

Registration Reactivation

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. * Any supporting documentation is attached to the application.   Scan and email the application and supporting documents to: [assessor-admin@careerforce.org.nz](mailto:assessor-admin@careerforce.org.nz) |

Section A: to be completed by the applicant.

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| 1. **Personal Details** | | | | | |
| **Full legal name:** | First name: | | Middle name: | | |
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| Last name: | | Preferred name: | | |
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| **Date of birth:** | Day/Month/Year | **Gender:** | Male | | Female |
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| **Mailing address:** | PO Box or street address: | | | Suburb | |
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| Town/city: | | | Postcode: | |
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| **Home address:**  (If different from above) | Street address: | | | Suburb | |
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| Town/city: | | | Postcode: | |
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| **Email address:** (Business) |  | | | | |
| **Email address:** (Personal) |  | | | | |
| **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 |
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| Town/city: | Postcode: |
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| **Email address:** |  | |
| 1. **Scope Request** | | |
| I’m applying to extend my scope of practice to include the following qualifications and/or unit standards (*e.g. Foundation Skills)* | | |
| **New Zealand Certificate in:** |  | |
| **New Zealand Certificate in:** |  | |
|  | | |
| **New Zealand Diploma in:** |  | |
| **Specialist unit standards:** |  | |
| \* 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: | | |  |
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| 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. | | | | | | |
|  | As a Careerforce Registered Assessor, I would comply with Careerforce policies and procedures that are relevant to this role. | | | | | | |
|  | 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 as a Careerforce Registered Assessor, I would be required to participate in annual moderation and professional development activities on assessment. | | | | | | |
|  | I understand that my registration as a Careerforce Registered Assessor may be withdrawn by Careerforce at any time if assessment practices do not meet moderation requirements or fall outside specified standards. If this situation arises, I understand that I will be given the opportunity to discuss this with designated Careerforce personnel. | | | | | | |
|  | 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 Contracted Assessors). | | | | | | |
| **Signature:** | |  | **Date:** | | |  | |

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| 1. **The Privacy Act 1993** | | | |
| I authorise Careerforce staff and its agents to:   1. Collect and securely hold information relevant to this Application; noting that you can access it should you so request. 2. Distribute this information as is necessary to facilitate the management of your training and assessments (in accordance with the relevant provisions of the Privacy Act 1993) to the New Zealand Qualifications Authority (NZQA), the Tertiary Education Commission, education training providers, iwi authorities and your employer. 3. Keep you informed of any changes or updates to qualifications or services and to support you using electronic communications in accordance with the relevant provisions of the unsolicited Electronic Messages Act 2007. 4. Use my assessments as part of Careerforce’s and NZQA’s moderation or quality control systems. Careerforce will remove all references to people/places before Careerforce uses this information for moderation purposes. | | | |
| **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: |
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| **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 specialist assessment areas.

Additional criteria apply for the following unit standards:

* Moving and Handling Suite – unit standards 26977 and 27833
* Dementia Limited Credit Programme - unit standards 23920, 23921, 23922, 23923.
* Palliative Care - unit Standard 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 |