



Sector Skills Development Agency/National Qualifications Department

Ministry of Education, 1st Floor Medix Building, Grenville Street, Kingstown
St. Vincent and the Grenadines. Telephone 452-5587

Assessor Registration Form – November 2014. Version -1

ASSESSOR APPLICATION FORM

All prospective Assessors for the CVQ Quality Assurance and Assessment system are required to complete and submit this form to the SSDA/NQD to facilitate training, assessment and certification.

FILL IN ALL SECTIONS CLEARLY USING BLOCK CAPITALS

NAME: _____
SURNAME FIRST NAME MIDDLE NAME

SEX: M F DATE OF BIRTH: Day Mth. Yr.

RESIDENTIAL ADDRESS: _____ National ID #: _____

BUSINESS ADDRESS _____

TEL. #: _____ BUSINESS: _____

EMAIL ADDRESS: _____

EMPLOYMENT STATUS: Full-time Part-time Self-employed Unemployed

PRESENT OCCUPATION: _____

INDUSTRY/SECTOR: _____ SUB-SECTOR: _____
Example: Building & Construction Example: Masonry

EDUCATIONAL RECORD & ACHIEVEMENTS

(List the institutions attended (most recent first), certificates obtained and the date started and completed. Please attach copies of all certificates).

NAME (INSTITUTION & COURSE)	FROM	TO	CERTIFICATE/DEGREE

EMPLOYMENT RECORD

(Put in chronological order, beginning with the most recent position. Please attach extra sheets if necessary)

NAME & ADDRESS OF EMPLOYER	POSITION HELD	FROM	TO

IF YOU HAVE BEEN TRAINED AS AN ASSESSOR, PLEASE TICK UNITS COMPLETED BELOW. IF NOT LEAVE BLANK.

- CSETDA0024A Develop assessment procedures
- CSETDA0034A Develop assessment tools
- CSETDA0014A Plan assessment
- CSETDA0044A Conduct assessment
- CSETDA0054A Review assessment
- CSECOR0004A Communicate information relating to work activities
- CSBCOR0041A Deliver quality service to customers
- BSBCOR0071A Operate a personal computer
- CSETDP0034A Plan a series of training sessions
- CSETDP0044A Deliver training sessions

I hereby certify that the information I have provided on this form is accurate.

Applicant's Signature

Date

FOR OFFICE USE ONLY

DATE RECEIVED: _____

Recommended

Not recommended

Comments: _____

Signature

Date