



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

Verifier Registration Form – May 2017. Version -1

VERIFIER APPLICATION FORM

All prospective Verifiers 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. Only trained assessors may apply for this programme.

Please indicate one or both of the following:

Internal Verification (IV) External Verification (EV)

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 #: _____

INSTITUTION: _____

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). Please do not list assessor qualifications in this section.

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

PLEASE TICK ASSESSMENT UNITS COMPLETED BELOW.

- 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

Certified: YES/NO _____ Awarding Body: _____ Date Certified: _____

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