



## Assessor Application Form

In order to verify the knowledge and skills of people seeking to become On-site Assessors with Health Ed Trust NZ Inc., this application is to be completed and posted when an Assessor is selected for your organisation.

**Post to: Health Ed Trust NZ Inc**  
**PO Box 130184**  
**Christchurch 8141**

### Section A - Areas of Assessment

Please indicate (✓) which qualifications you want to assess

	National Certificate in Community Support (Residential) (Level 3) and (Core Competencies) (Level 3) <i>Covers The ACE Programme, ACE Dementia (version 2) &amp; ACE Advanced</i>
	Unit standard 5012 only
	National Certificate in Support of the Older Person (Level 3) <i>Covers ACE Core, ACE Dementia &amp; ACE Core Stage 2</i>

### Section B - Assessor Applicant Details

<b>First Name (s):</b>	<b>Surname:</b>
<b>Date of birth:</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>NZQA number:</b>	
<b>Employer</b>	<b>Job Title</b>
<b>Contact details (home)</b>	<b>Contact details (work)</b>
Phone	Phone
Email	Email
Mobile	Fax
Address	Address

### Section C - Assessor Applicant Declaration

I declare that the information supplied is correct and authorise Health Ed Trust to collect information from or exchange information with any relevant organisation (such as Careerforce) with regard to my application to be a Health Ed Trust Assessor.

As a Health Ed Trust Registered Assessor I will comply with Health Ed Trust assessment and moderation processes and relevant policies and procedures.

I am aware that my Registered Assessor status is for two years and if I do not complete any assessments in that time, or wish to withdraw or do not comply with moderation systems, my status will be made "inactive".

I undertake to inform Health Ed Trust of any changes to my contact details.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Section D – Verification by Manager**

To verify the knowledge and skills of those seeking to become On-site Assessors with Health Ed Trust NZ Inc., **Section D** is to be completed by the Applicant's Manager.

### **People Skills**

The applicant has demonstrated people skills in the following situations:

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*May include:* teamwork, staff supervision and training, interaction with staff and visitors.

### **Written & Verbal Communication Skills**

The applicant has demonstrated a high standard of written and verbal communication skills through the following situations:

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### **Administration & Record Keeping Abilities**

The applicant has demonstrated basic administration record keeping abilities in the following situations:

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### **Knowledge & Practical Skills**

The applicant has demonstrated **knowledge and practical skills** at or above the level of the qualifications/unit standards being assessed.

**Supporting evidence** may include: copies of National Certificate in Support of the Older Person or another National Certificate or National Diploma in a related field; or a nursing qualification recognised by the Nursing Council of NZ.



**Copy of supporting evidence is attached**  (tick)

### **Unit standards in dementia.**

Assessors for dementia unit standards (23920, 23921, 23922, 23923) are required to meet the following additional criteria:

- The Assessor Applicant has worked hands on in a specialised dementia unit or in a dementia specific day-care centre or with a client diagnosed with dementia.

## Unit standard 5012: Musculo-skeletal care & Safe patient handling

Assessors for Unit Standard 5012 are required to meet the following additional criteria:

- The Assessor Applicant is either a Registered Nurse or Enrolled Nurse or Occupational Therapist or Physiotherapist or Service Coordinator or Manager.



**Evidence attached**  (tick)

- The Assessor Applicant has completed approved training in the area of safe patient handling.

**Approved training** may include but is not limited to: Assessor Applicant has unit standard 5012 version 4 or is using this unit standard to train and assess staff on safe handling; or has attended in-service education on safe patient handling by a physiotherapist or other qualified safe patient handling instructor.



**Evidence attached**  (tick)  
(If you are using 5012 version 4, tick here )

### Assessment Skills

**Unit standard 4098 is compulsory to assess Health Ed Trust courses.**

- Assessor Applicant has completed Unit Standard 4098 – Use standards to assess candidate performance.
- OR Assessor Applicant is currently undertaking training in unit standard 4098 through the Health Ed Trust Assessors Course or through another education provider.



**Evidence attached**  (tick)  
(NZQA Record of Learning attached or NZQA number entered in Section B page 1)

**Details of person verifying that the Assessor Applicant details above:**

Name : \_\_\_\_\_ Job Title: \_\_\_\_\_  
(must be Manager/Nurse Manager)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Organisation name: \_\_\_\_\_ Phone: \_\_\_\_\_

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### **Section E: Applicant Checklist**

- All areas of this Assessor Application Form have been completed
- All requested evidence has been attached
- I have enclosed a copy of my Curriculum Vitae
- I have attached proof of my identity (such as a copy of Drivers Licence or of passport identification page details).

**Please send this completed form and required evidence to:**

**Health Ed Trust NZ Inc.  
PO Box 130184  
Christchurch 8141**

Health Ed Trust NZ Inc.

*Health Ed Trust will process this Application and advise you of the outcome in writing as soon as possible.*