

Section 1: Centre details

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|----------------|--|
| Centre contact | Cskills Awards centre no. (if already registered) |
| Centre name | |
| Job title | |
| Telephone | Email |

Section 2: Assessor/trainer/internal verifier details

| | | |
|--|--------------------------|---|
| Name | Date of birth | DD / MM / YY |
| Registration no. (If previously registered with Cskills Awards) | Registering for assessor | <input type="checkbox"/> trainer <input type="checkbox"/> or quality assurance staff <input type="checkbox"/> internal verifier <input type="checkbox"/> |
| Home address including postcode | | |

Section 3: Qualifications/units

[illegible]

Section 4: Evidence

This section provides details of the evidence held in your centre to demonstrate the assessor/trainer/internal verifier meets the requirements of the relevant SSCs Assessment Strategy.

We may request copies of evidence held prior to registration.

| Evidence type | Evidence held |
|---|---------------|
| Previous registration to another centre Provide centre name/address | |
| Recognised competence cards – e.g. CSCS, CPCS Detail cards/categories held | |
| Qualifications held – e.g. NVQ/SVQ, City & Guilds craft certificate, A1/V1/D32/D33/D34 units or equivalent Detail occupations, levels etc | |
| Membership of professional bodies Detail organisation/membership level etc | |
| Letters of endorsement from federations/industrial sector Please specify endorsing organisation and their contact details | |
| CV and references Please provide details of relevant experience, positions held, years experience, employers, referees etc | |

I confirm this person is able to perform their role in accordance with the standards required by the Cskills Awards Qualifications and Credit Framework (QCF) Requirements for Approved Centres (September 2010).

Name

Signature

Date

DD

/

MM

/

YY

Please email completed forms to **quality.assurance@cskills.org**, or post to:

Cskills Awards
Bircham Newton
King's Lynn
Norfolk PE31 6RH