



ASSESSMENT PRACTITIONERS APPLICATION FORM

Please attach within this space your most recent passport photo of not more than three months old.

Notes to applicants:
Please read the notes printed on page 4 carefully before completing this form. Please complete this form by printing one letter per block in pen. Please place an (X) in the appropriate block.

TYPE OF REGISTRATION REQUIRED/APPLYING FOR

Assessor

Moderator

Assessment Instrument Designer

PERSONAL DETAILS

SURNAME: [Yellow input field]

FIRST NAME(S) [Yellow input field]

TITLE: Mr Mrs Ms Others [Radio buttons]

GENDER: Male Female [Radio buttons]

DATE OF BIRTH: [Y Y Y Y M M D D input field]

IDENTIFICATION NUMBER: [Yellow input field]

PASSPORT NUMBER: [Yellow input field]

POSTAL ADDRESS:	WORK ADDRESS(PHYSICAL):	RESIDENTIAL ADDRESS:
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]
[Yellow input field]	[Yellow input field]	[Yellow input field]

TELEPHONE NUMBER/Daytime Code: WORK NUMBER: MOBILE NUMBER: [Yellow input fields]

FACSIMILE NUMBER: Code: NUMBER: EMAIL ADDRESS: [Yellow input fields]



TECHNICAL QUALIFICATIONS

TITLE	YEAR ACHIEVED	INSTITUTION

PEDAGOGICAL QUALIFICATIONS

TITLE	YEAR ACHIEVED	INSTITUTION

ASSESSOR/MODERATOR/INSTRUMENT DESIGNER TRAINING

TITLE	YEAR ACHIEVED	INSTITUTION

EMPLOYER 1

EMPLOYER 2

EMPLOYER 3

NAME:

CONTACT PERSON:

ADDRESS:

TELEPHONE NUMBER:

APPLICANT'S POSITION
HELD AND YEARS:



APPLICATION PURPOSE

Occupational Area(s) and NQF Levels in which Registration is required:

Applicants need to be specific as to whether the application relates to National Qualifications, Provider Based Qualifications or Foreign (Franchised Qualifications)

REFERENCES

REFERENCE₁

REFERENCE₂

NAME:

ADDRESS:

TELEPHONE NUMBER:

ORGANISATION

POSITION HELD

APPLICATION DECLARATION

I declare that:

- I have supplied complete, up-to-date information and evidence on this form.
- I claim authenticity on all evidence which is part of this application.

Applicant's Signature:

At:

Date:



CRITERIA FOR REGISTRATION AS AN ASSESSORS, ASSESSMENT INSTRUMENT DESIGNERS AND MODERATORS

Assessors	Assessment Instrument Designers	Moderators
<ul style="list-style-type: none">• Proof of payment (N\$150.00 application fee);• Certified in unit standard 115753/336 or equivalent assessor unit of Learning standard;• 3 years technical experience relevant to the qualification and areas of assessment;• Qualification in the subject area must be one level higher than qualification level to be assessed;• Proof of experience in conducting a minimum of 3 outcomes based assessments.	<ul style="list-style-type: none">• Proof of payment (N\$150.00 application fee);• Certified in unit standard 115755/338 & 339 or equivalent assessment instrument design unit of learning/standard;• 3 years technical experience relevant to the qualification and areas of assessment;• Qualification in the subject area must be one level higher than the qualification level at which assessment instruments are to be developed;• Experience in conducting a minimum of 3 outcomes based assessment.	<ul style="list-style-type: none">• Proof of payment (N\$150.00 application fee);• Certified in unit standard 115759/800 or equivalent moderation unit of learning/standard;• Certified in 115755/338 & 339 or equivalent assessment instrument design unit of learning/standard;• 3 years technical experience relevant to the qualification and areas of assessment;• Qualification in subject area must be one level higher than which they want to moderate;• Experience in conducting a minimum of 3 outcomes based assessments.

Documents to accompany the application form

- Signed Assessor, Moderator and/or Instrument Designer Code of Conduct;
- Certified copy of ID or Passport;
- Detailed CV;
- Certified copy of Statement of Results (assessor/moderator/assessment instrument design) and/ or Certified copy of Competence Certificate (assessor/moderator/assessment instrument design)
- Certified copies of qualifications, and where applicable, provide proof of NQA evaluation of qualifications;
- And proof of payment of the appropriate non-refundable fees payable into the following account.

Namibia Training Authority
Bank Windhoek
Kudu Branch
Cheque Account
Account Number 800 101 201 8

Please ensure that you clearly indicate "**Assessors/Moderators/Instrument Designers Registration Fees**" in the reference box/block of the bank deposit slip.