

VERIFICATION OF COMPETENCY

ASSESSOR REGISTRATION APPLICATION FORM



Contractor Company			
First Name			
Surname			
Email Address			
Contact Number			
Licence Class			
HRW License Number			
HRW License Expiry Date	__ / __ / 20 __		
HRW License Level (If applicable)	<input type="checkbox"/> Basic	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Details of Other Essential Licenses (For example: Working at Heights) please attach copies			
Name of License		Date Issued	
Name of License		Date Issued	
Name of License		Date Issued	
Name of License		Date Issued	
Do you have a current Certificate IV in Training & Assessment? (Please attach copies &Statement of Attainment, Note BSZ qualifications will not be accepted)			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Certificate Issued	__ / __ / 20 __
Summary of Industry Skills/Experience gained over the last 5 years. (Please attach supporting evidence)			
(Attach information if needed)			
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