

**NEW ASSESSOR APPLICATION – ASSESSMENT OBSERVATION AND DECLARATION  
FORM TO BE COMPLETED BY ASSESSMENT CENTRE ONLY**

<b>Please complete all details in block capitals</b>	
Applicants full name:	
Candidate Number:	
Home address:	
Home telephone number:	
Mobile number:	
Email address: This section <b>must</b> be completed	(Please write clearly)

<b>Please state which City &amp; Guilds qualification they wish to be an Assessor for:</b>

<b>Please attach a copy of the relevant First Aid certificate:</b>	
Full First Aid at Work certificate (Chainsaw, Forest Machinery & Utility Arb qualifications )	Yes/No
Emergency First Aid/Appointed Persons (for all other qualifications )	Yes/No

**I confirm that the following 2 assessments have been observed by the above applicant:**

	Date observed	Assessor name and number	Candidate name and number	Qualification
1.				
2.				

**(PLEASE NOTE: Observations must be in the applicants chosen technical area and it is preferred that one of the observations is with a Technical Verifier)**

**Declaration**

I confirm that the following Assessment Centre..... is willing to support the above applicant for a minimum of 12 months, subject to them successfully completing the assessor training	
Signature:	Date:
Please return to <a href="mailto:QAsupport@cityandguilds.com">QAsupport@cityandguilds.com</a>	