



Trainer/Assessor & Internal Quality Assurer Application Form

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This form should be completed for all individuals seeking approval from Qualsafe Awards (QA) as a Trainer, Assessor or Internal Quality Assurer.

The submission of any Trainer/Assessor/IQA application form is not a guarantee of approval being granted and Qualsafe Awards reserves the right to reject any application without explanation.

Centre details

Which QA Centre(s) will you be working for?

Centre name

Centre no. (leave blank if not yet approved)

Personal details

Title (Mr/Mrs/Ms/Dr/Prof/other)

First name

Surname

Previous surname/maiden name

Email address*

Landline

Mobile

***Important:** email is our main method of communication with Centres

Which statement best describes your employment?

I work for a single employer

I work for multiple employers on a freelance basis

Qualifications

Please list the QA qualifications you want to deliver (Trainer/Assessor) or quality assure:

Qualification title	e.g. "Level 2 Award in Fire Safety" or "All first aid qualifications"	Trainer/Assessor	IQA
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Important: please refer to the relevant Qualification Specification to make sure you have the necessary qualifications and experience to fulfil these roles.

Your qualifications

Please provide details of your occupational, teaching, training, assessing and/or quality assurance qualifications:

Are you a registered healthcare professional (e.g. doctor, paramedic or nurse)?

Yes No

If yes, please provide your PIN number:

Expiry date (if applicable)

Qualification

Institution/training organisation

Awarding Organisation/body

Date awarded

Expiry date (if applicable)

Qualification

Institution/training organisation

Awarding Organisation/body

Date awarded

Expiry date (if applicable)

Qualification

Institution/training organisation

Awarding Organisation/body

Date awarded

Expiry date (if applicable)

Qualification

Institution/training organisation

Awarding Organisation/body

Date awarded

Expiry date (if applicable)

Important: please attach copies of certificates for each qualification listed and records of achievements if applicable.

Experience

Some qualifications may require you to have additional experience to fulfil these roles. Please refer to the relevant qualification specification and attach the evidence required to this application.

E.g. first aid qualifications require a chronological list of the training/assessing you have delivered in the last 3 years. This includes copies of any quality assurance/verification records or a record of teaching/assessing under the supervision of a suitably qualified person.

Prehospital care qualifications require an up-to-date portfolio showing recent experience (within the last 2 years) of working in a related work setting to the qualification.

I have attached additional information/evidence

Yes

No

Conflicts of Interest

Please provide details of any actual or potential conflict of interest you have to declare should you obtain approval as a Qualsafe Awards (QA) Trainer or Internal Quality Assurer (IQA). Please refer to the QA *Conflict of Interest Policy* for further details and guidance.

Please provide the details of jobs/roles that you hold with any other Awarding Organisations that may create a conflict of interest.

Awarding Organisation Name	Job/Role

Please provide the details of any other jobs/roles you hold with

- a Training Centre approved by QA or any other awarding organisation
- any other company

that may create a conflict of interest.

Training Centre/Organisation Name	Job/Role

**Please provide details of the conflict of interest identified should you obtain approval as a Trainer/
Assessor or IQA.**

Please tick to indicate whether Temporary Ongoing

What measures will you take to avoid this conflict of interest (if possible)?

If unavoidable, what action will be taken to mitigate the identified conflict of interest?

Further information

Please use this box to provide any further information to support your application

Declaration

- I confirm I am fully aware of the details and requirements included in the Qualification Specifications and assessment guidance for the qualifications I want to deliver and/or quality assure.
- I understand QA qualifications may only be delivered and/or internally quality assured by QA registered Trainers/ Assessors/IQAs through QA approved Centres.
- I confirm that I have read and understood the *Qualsafe Awards Centre Quality Assurance Guidance*.
- I understand that Learner records must be stored for a minimum of three years.
- I will inform the Responsible Person of the approved Centre at which I am registered of any conflicts of interest that arise which may affect my role at that Centre
- I agree to abide by the content of the Qualsafe Awards Code of Conduct for Approved Trainers, Assessors & Internal Quality Assurers.
- I confirm the information provided on this form is accurate and up to date.

The details provided in this form will be used for the purposes of Qualsafe Limited marketing. Details of this can be found in our Privacy Policy, which is available to view on our website at www.qualsafeawards.org/privacy-policy. QA customers can choose to opt out by indicating this within the Further Information section or when receiving any future marketing communication.

How to submit this form

We recommend you complete this form electronically and email a copy to: info@qualsafeawards.org.

Alternatively, you can print and post a copy to: Qualsafe Awards, City View, 3 Wapping Road, Bradford BD3 0ED. Please make sure to retain a copy for your records.