

This form should be completed for each Assessor and submitted with the Provider Application

Official Use
Only

CITB Be Fair Framework Individual Assessor Application

1	Name:									
	<table border="1"><tr><td data-bbox="225 360 1201 432">Mr/Ms/Mrs:</td></tr><tr><td data-bbox="225 432 1201 504">Forename:</td></tr><tr><td data-bbox="225 504 1201 575">Surname:</td></tr></table>	Mr/Ms/Mrs:	Forename:	Surname:						
Mr/Ms/Mrs:										
Forename:										
Surname:										
2	Address / Contact Details / ProviderAddress / Contact Details / Provider									
	<table border="1"><tr><td data-bbox="225 674 1201 745">Address:</td></tr><tr><td data-bbox="225 745 1201 817"></td></tr><tr><td data-bbox="225 817 1201 889"></td></tr><tr><td data-bbox="225 889 1201 960">Landline:</td></tr><tr><td data-bbox="225 960 1201 1032">Mobile:</td></tr><tr><td data-bbox="225 1032 1201 1104">Email:</td></tr><tr><td data-bbox="225 1137 1201 1245">Name of the Provider you will be assessing for: <table border="1"><tr><td data-bbox="225 1173 1201 1245"></td></tr></table></td></tr></table>	Address:			Landline:	Mobile:	Email:	Name of the Provider you will be assessing for: <table border="1"><tr><td data-bbox="225 1173 1201 1245"></td></tr></table>		
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3	Employment History									
	<table border="1"><tr><td data-bbox="225 1386 1201 1458">Current/Most Recent Role:</td></tr><tr><td data-bbox="225 1458 1201 1529"></td></tr><tr><td data-bbox="225 1529 1201 1601"></td></tr><tr><td data-bbox="225 1601 1201 1673">Previous Role/s:</td></tr><tr><td data-bbox="225 1673 1201 1744"></td></tr><tr><td data-bbox="225 1744 1201 1816"></td></tr><tr><td data-bbox="225 1816 1201 1888"></td></tr></table>	Current/Most Recent Role:			Previous Role/s:					
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4	Education																										
	<p>Please List Educational Qualifications & Achievements:</p> <table border="1" data-bbox="226 412 1195 896"> <thead> <tr> <th data-bbox="226 412 836 479">Title</th> <th data-bbox="836 412 987 479">Grade</th> <th data-bbox="987 412 1195 479">Date Achieved</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>		Title	Grade	Date Achieved																						
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5	Professional/Technical Qualifications, Awards & Training																										
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6	Relevant Aptitudes, Skills & Experience																										
	<p data-bbox="226 1709 1195 1753">Please detail below:</p> <table border="1" data-bbox="226 1742 1195 1977"> <tbody> <tr><td> </td></tr> </tbody> </table>																										

7	Continuing Professional Development (CPD)							
	<p>How many hours of CPD Hours have you recorded in the last 12 months? <input style="width: 40px; height: 25px;" type="text"/></p> <p>If applicable, with which professional bodies are you registered for CPD? <i>Please enclose certificates and/or CPD statement from relevant Institute for Learning as applicable</i></p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>							
8	DECLARATION							
	<p>In the event CITB at their sole discretion believes an Assessor does not meet the criteria set out in the Guidance for Providers, or has other reasonable grounds for concern relating to the Assessor’s suitability, CITB will confirm in writing that the Assessor identified cannot provide assessment for the Framework.</p> <p>If approved under the CITB Be Fair Framework, I confirm that:</p> <ul style="list-style-type: none"> • I have read, understood and will assess companies in accordance with the current Guidance for Providers document. • I will be authorised to assess on behalf of the below mentioned Provider only those types and levels specified on my certificate. • I hereby give permission for CITB to enter and share my details on internal information systems. • The information given by me in this application is true and correct to the best of my knowledge. 							
9	Signatures							
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Assessor Signature:</td> </tr> <tr> <td style="padding: 5px;">Print Name:</td> </tr> <tr> <td style="padding: 5px;">Provider to which this application relates:</td> </tr> <tr> <td style="padding: 5px;">Provider Signature:</td> </tr> <tr> <td style="padding: 5px;">Print Name:</td> </tr> <tr> <td style="padding: 5px;">Date:</td> </tr> </table>		Assessor Signature:	Print Name:	Provider to which this application relates:	Provider Signature:	Print Name:	Date:
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10 Data Protection Statement

CITB (The Construction Industry Training Board, registered charity number 264289) will use your personal data. Your personal data is your contact details, any information we obtain directly from you or from third parties or as a result of our relationship with you for the purposes connected with our role as a Sector Skills Council and Industrial Training Board and in providing goods and services to you. We may disclose your information to our service providers or agents for these purposes but we will not otherwise pass your personal data to third parties for marketing purposes. You have a right to request a copy of the personal data we hold about you (for which we may charge a small fee) and to correct any inaccuracies in your information.

We would like to contact you to provide you with information on our products and services and our other activities and those of selected third party organisations that we think may be relevant and useful to you. If you do not want to receive such information please tick here [].

OFFICIAL USE ONLY

Approved: _____

Rejected: _____

Authorised by: _____

Date: _____

