**Assessor Workshop nomination**

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| --- | --- | --- |
| **Use standards to assess candidate performance, Unit 4098** | **Course Location:** | TBA |
| **Title:** (Please tick) | ☐ Miss ☐ Mrs ☐ Ms ☐ Mr | **Date:** | TBA. **(2 days**) |
|  **Nominee surname:** |  |
| **First Name(s):** |  |
| **Address** |  |
| **Email** |  |
| **NZQA number (if known)** |  | **Date of Birth:** |  |
| Relevant earthworks/infrastructure unit standards held (if known) |  |
|  |
| **Employer and address** |  |
| **Employer contact person** |  | **Contact phone Number:** |  |
| **Email** |  |  |  |
| **Any suitable days of the week/months** |  |  |
|  |   | **Workshop Facilitator** | Greg Steele |

**Privacy statement for nominee to sign:**

1. In signing this form I give authority for Turanga Ararau, Organisers of this training to access, retain and report information relating to my Education and Training, specifically in relation to this workshop, in accordance with the Privacy Act 2015. This may involve sharing such information with other learning organisations for the purpose of verifying academic records, and internal administration.

**Nominee Signature: Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_