





## Approval Application Supporting Document: Staff Qualifications and Experience

### What this form is for

This form should be completed by each of the staff members who will be an assessor and/or verifier for the qualifications your centre is seeking approval for, as listed in your main Approval Application form. You will be asked to provide details of your qualifications and experience in these subjects area and to accept a declaration

### How to use this form

- This form is to be completed electronically. Please make sure that you are using Adobe Reader 9 or later. This can be downloaded free of charge from the [Adobe website](#). 
- Certain supporting documents must be submitted with this form. These will be indicated by the symbol:- 

### When you have finished

Once this form is complete, please email it, with your main application, to; [approval.applications@sqa.org.uk](mailto:approval.applications@sqa.org.uk)

Once we have received the completed form and main application we will let you know via email. If we find that we need more information, we will ask the person named as your SQA Coordinator to provide it.

All the details you complete in this form, as well as any supporting documents you send, will be treated as **private and confidential** by SQA.

## 01 Contact Details

Please provide details to identify yourself and the centre making the approval application

Centre's full name

Centre number (if available)

Your name

Your email address

## 02 Qualification Details

- If you are assessing or verifying an **entire qualification**, please provide the qualification's product code only.
- If you are assessing or verifying **specific units from a qualification** (i.e. a subset of the qualification, not the entire qualification) please provide the unit's product code(s) only.

Please list the qualification(s) / unit(s) that you will be an **Assessor** for.

Enter the product code(s) eg G123 22


Please list the qualification(s) / unit(s) that you will be an **Internal Verifier** for.

Enter the product code(s) eg G123 22


## 03 Your Qualifications & Experience

**Note** – please **do not** send your Curriculum Vitae as part of this application.

### For qualification(s) you are assessing or verifying:

Are you familiar with the qualification(s)?

Yes                  No

Have you read the standards/specification for the qualification(s)?

Yes                  No

Have you read the S/NVQ Assessment Strategy (only applicable for Scottish Vocational Qualifications and National Vocational Qualifications)?

Yes                  No                  Not applicable

Are you familiar with SQA procedures?

Yes                  No

Are you familiar with SQA centre procedures/documentation?

Yes                  No

### Your qualifications and relevant experience in the subject or occupational area

Describe any formal qualifications you have achieved in the subject or occupational area.

Include:

- where and when your qualifications were achieved
- brief outlines of the courses undertaken, using full titles rather than abbreviations

Describe any work or other experience you have in the subject or occupational area. Include:

- where and when your experience was gained
- brief outlines of the work experience undertaken

**Assessment Qualifications**

Please provide details of your Assessor and/or Internal Verifier qualifications in **either** the ‘Completed’ column, or the ‘Working towards’ columns.

Qualification		Completed	Working towards	
Assessor	Internal Verifier	Year achieved (yyyy)	Start date (mm/yy)	Expected completion date (mm/yy)

04

## Declaration

I declare that, to the best of my knowledge, the information I have provided in this Staff Qualifications & Experience form is correct.

Please select one of the following responses:

I accept the declaration above.

I do not accept the declaration above.

Name

Date

dd/mm/yyyy

**SQA use only**

**Business Development (BD) Contact Summary**

BD Contact Name

BD Contact Phone number

BD Contact Email address

**BD Confirmation**

Name

Date

dd/mm/yyyy

Confirmation Comments