020 3075 1508

askiqils@rcplondon.ac.uk

**www.iqils.org.uk**

**Assessor application form**

This form must be completed by all persons applying to become an assessor for the IQILS accreditation programme. This document should be completed in accordance with the assessor statement of requirements. Please complete this form and return it electronically to [askiqils@rcp.ac.uk](mailto:askiqils@rcp.ac.uk).

**Assessor role**

Please indicate the role which you are applying for:  Medical  Nurse

**Personal information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| **Name** |  | | |
| **Address** |  | | |
|  | | |
|  | **Postcode** |  |
| **Email** |  | **Telephone** |  |

**Current employment information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service** |  | | |
| **Trust** |  | | |
| **Address** |  | | |
|  | | |
|  | **Postcode** |  |
| **Email** |  | **Telephone** |  |
| **Position** |  | **Start date** |  |

Please indicate which contact details the accreditation unit should use to contact you:

Home  Work

**Professional registration**

|  |  |
| --- | --- |
| **Professional body** |  |
| **Registration number** |  |

**Qualifications**

Please list all relevant qualifications in support of your application. If you have additional relevant qualifications, please enter further rows as required.

|  |  |  |
| --- | --- | --- |
| **Qualification or course name** | **Level/achievement** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Previous employment**

Please enter the details of employment for the past five years (most recent first) if different from the current employment information already provided. If you have had any additional employers within the past five years, please enter further rows as required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous employer name/address** | **Post held** | **From** | **To** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Supporting statement**

Please provide a statement in support of your application (maximum of one A4 page). Please make reference to the following areas: (1) why you are applying for the role, (2) the skills and expertise you bring.

**Employer’s declaration of support**

This section must be completed by the applicant’s current head of department.

**Head of department**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** |  | | |
| **Name** |  | **Date** |  |
| **Position** |  | | |

**Referees**

Please enter two referees who may be contacted to verify the information contained within this application.

**Referee 1 Referee 2**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Name** |  |
| **Relationship to applicant** |  | **Relationship to applicant** |  |
| **Address** |  | **Address** |  |
| **Tel** |  | **Tel** |  |
| **Email** |  | **Email** |  |

**Applicant declaration**

I declare that:

* I understand that if offered the contract as an assessor, that it will be subject to the information on this form being accurate and complete. I understand and acknowledge that providing false or misleading information may result in termination of the application or a resulting contract.
* I will advise the Accreditation Unit of any changes to my circumstances that may affect my suitability to become an assessor.
* I will advise the Accreditation Unit of any changes to the information provided in this application form.
* I will declare any conflicts of interest that may pertain to people, organisations or products that are being assessed under the accreditation programme.
* I have no personal stake in the outcome of a decision by the relevant accreditation scheme with regard to a service, organisation or member of the profession.
* I meet all of the requirements in the assessor statement of requirements or have indicated in this application form where I do not.

Furthermore, I:

* Authorise the Accreditation Unit to contact the referees named to verify the information contained in this application.
* Acknowledge that in the event of refusal of my application, the Accreditation Unit is not obliged to give any reason and that the decision of the Accreditation Unit is final and binding to me.

|  |  |  |
| --- | --- | --- |
| **Signature**  (Digital acceptable) |  | |
| **Name** |  | **Date** |