This application form is for provider assessors (“assessors”) applying to the Waihanga Ara Rau Capstone Reference Group to assess Capstone Assessments.

Capstone assessments are carried out by experienced assessors. To apply, the assessor must be nominated through a provider whilst meeting the endorsement criteria. The application will be forward to the Waihanga Ara Rau Capstone Advisory Group (CAG) for review at the next CAG meeting.

### Applicant’s details

|  |  |  |  |
| --- | --- | --- | --- |
| First names(s) |  | Surname |  |
| Preferred name |  | Role |  |
| Company Work Address |  | EWRB Registration No: |  |
| Employer name |  | Work phone |  |
|  | Mobile phone |  |

Please select from the list below for the qualification you wish to be a capstone assessor for:

|  |  |  |
| --- | --- | --- |
|  | NZQA No | Electricity Supply Qualification |
|  | 2197 | NZC in Electricity Supply (Line Mechanic Distribution) (Level 4) |
|  | 2227 | NZC in Electricity Supply (Cable Jointing High Voltage) (Level 4) with optional strand in 33kV |
|  | 2705 | New Zealand Certificate in Electricity Supply (Transmission Line Maintenance) (Level 4) with strands in Line Mechanics and Structure Maintenance |
|  | 3535 | New Zealand Certificate in Electricity Supply (Power Technician) (Level 5) with optional strands |
|  | 3988 | New Zealand Certificate in Electricity Supply (Traction Line) (Level 4) |
|  | 4126 | New Zealand Certificate in Electricity Supply (Substation Maintenance) (Level 4) |

### Applicant to attach:

CV  RoA

The applicant agrees they understand:

* There is a small pool of Capstone Endorsed Assessors supporting Capstone assessment throughout NZ.
* Capstone Endorsed assessors cannot assess a candidate that they have trained towards their Capstone assessment.
* The decision of approving or declining an application is made solely by the Waihanga Ara Rau’s Capstone Advisory Group, and no discussion will be entered over the final decision.

Applicant Signature Date:

## Provider Nomination

This section is to be completed by the provider and is an internal recommendation. It must be completed by the person nominating the applicant.

Provider agrees applicant meets the following criteria and has attached supporting evidence:

|  |  |
| --- | --- |
|  | Minimum of 3 years as an active assessor at level 4 or above |
|  | Hold the qualification associated with the capstone units being assessed, or an equivalent qualification. |
| For Traction Line where you don’t meet the criteria above: | |
|  | Hold a current Traction Line Mechanic registration with the EWRB |

|  |  |
| --- | --- |
| Additional for Transmission only | |
|  | Be approved by Transpower (Grid Skills) as an assessor *– Waihanga Ara Rau to contact Grid Skills* |

|  |  |
| --- | --- |
| For Traction Line only: | |
|  | Be approved by KiwiRail as an assessor – *Waihanga Ara Rau to contact KiwiRail* |

|  |  |  |
| --- | --- | --- |
| Provider Name |  | |
| Nominator name |  | |
| Contact details | Phone | Email |
| Nominator signature: Date: | | |

### Capstone Advisory Group only:

Capstone Advisory Group to notify provider if assessor had been:

Recommend for Capstone Endorsed Assessor

Not Recommended for Capstone Endorsed Assessor