**Application Form for GA Level 3 Assessors Suite of Courses**

**Instructions**

Please complete this form electronically in full and submit it to your authorised GA centre or your GA direct contact. Please note, your application does not guarantee acceptance onto the course. You will be provided with information about how to share a copy of your ID separately.

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| **SECTION A: The course you are applying for** | |
| **Course Title** | **Tick** |
| **GA Level 3 Award in Understanding the Principles and Practices of Assessment** |  |
| **GA Level 3 Award in Assessing Competence in the Work Environment\*** |  |
| *\*By applying for the GA Level 3 Award in Assessing Competence in the Work Environment, you confirm that you have access to at least 2 learners who will complete 2 assessments each, in their own workplace and have opportunity to be involved in quality assurance activities. You will be observed (in-person or remotely) carrying out the 4 assessments.* | |
| **GA Level 3 Award in Assessing Vocationally Related Achievement\*\*** |  |
| *\*\*By applying for the GA Level 3 Award in* Assessing Vocationally Related Achievement*, you confirm that you have access to at least 2 learners who will complete 2 assessments each, in an environment which is NOT their workplace, (e.g. workshop, classroom) and have opportunity to be involved in quality assurance activities. You will be observed (in-person or remotely) carrying out the 4 assessments.* | |
| **GA Level 3 Certificate in Assessing Vocational Achievement** |  |
| *\*\*By applying for the GA Level 3 Award in* Assessing Vocationally Related Achievement*, you confirm that you have access to at least 2 learners who will complete 2 assessments each, in BOTH work environment and other contexts (e.g. workshop, classroom) and have opportunity to be involved in quality assurance activities. You will be observed (in-person or remotely) carrying out the 4 assessments.* | |

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| **SECTION B: Your Details** | |
| **First name(s)** |  |
| **Surname**  (family name) |  |
| **Date of birth** (dd/mm/yyyy) |  |
| **Email address** |  |
| *\*Please note: your name in full as provided above must match your ID. Your email address will be the email address used to generate your online course username. Please ensure these are accurate.* | |
| **Your address** |  |
| **Country** |  |
| **Phone number** |  |
| **Education history and prior qualifications** | (please give a brief overview of your previous education, including your qualifications to date) |
| **Your assessing experience to date** |  |
| **Current assessing role (if any)** |  |
| **Details of any disabilities, learning difficulties or other access or support requirements** |  |

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| **SECTION C: Confirmation and Signature** | |
| I have suitable digital skills needed for online learning, including using email, accessing websites, downloading/uploading files, using word processing software, and participating in online reading and research. |  |
| I have suitable Level 2 English language skills (equivalent to GCSE grade 4/C or above, Functional Skills Level 2, IELTS 5.5+ or B2 level CEFR or equivalent) needed to complete the course. |  |
| I have suitable Level 2 maths skills (equivalent to GCSE grade 4/C or above, Functional Skills Level 2 or equivalent) needed to complete the course. |  |
| **Applicant signature** *(an e-signature is acceptable)* |  |
| **Date** |  |
| **I confirm I meet the entry requirements for the qualification I am enrolling onto** *(refer to the relevant Qualification Specification on the GA website for full details)* |  |
| **I confirm that I have read and agree to the Terms and Conditions** |  |

**To be completed by Gatehouse Awards**

**I confirm I have completed the ID check.**

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| **ID document(s) provided** | |
| Type of ID: | Passport  Driving Licence  Biometric Residence Permit  National Residence Card  Other (please specify) |
| Document number (last 4 digits only): |  |
| Expiry date: |  |
| **Staff member** | |
| Name: |  |
| Role: |  |
| Date of check: |  |
| Signature / initials: |  |