



Form 5: Application for Recognition as an AFSAB Assessor



- Step 1: Complete the AFSAB Assessor Application Form 5.
 Step 2: Return the completed form with supporting documents to AFSAB for record keeping purposes.
 Step 3: Maintain currency and advise AFSAB of any professional development activities, studies or industry experience relevant to workplace assessment.

PART 1: Candidate Details

Family Name: Given Name:

Rank/Title:

Email:

Jurisdiction:

Discipline:

AFSAB Certification Date:

PART 2: Qualifications *(please include supporting documentation with application)*

A) Please outline any qualifications in Training and Assessment you have obtained (list most recent first).
(note if insufficient space, please use the 'Additional Information' section on page 3)

Qualification by Code and Title	Institution/RTO	Date Issued

B) Please outline any other tertiary qualifications you have obtained (list most recent first).
(note if insufficient space, please use the 'Additional Information' section on page 3)

Qualification by Code and Title	Institution/RTO	Date Issued

PART 3: Additional Qualifications/Awards/Experience

A) Please outline any Honours, Awards or Commendations you have received (list most recent first).

Title	Year

B) Please outline any experience as an assessor you have had in the last 5 years.
(Remember to consider vocational and non-work related experiences, for example NATA assessor)

Type of Assessment	Date of Assessment

C) Please outline any experience in training (teaching) delivery you have had (list most recent first).

Course	Subjects Delivered	Year

D) Please provide details of any professional associations or memberships you currently hold.

Memberships	Year Joined

E) Please detail any relevant experience in other related disciplines.

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PART 4: Most Recent Proficiency Test Details

Date Completed:

Internal External Result:

Test Provider: (e.g. AtF, CTS, Forensic Assurance, FTS)

Test Number: (e.g. AtF-2021, 21-5171, 21-5261)

Test Type: (e.g. Latents, Crime Scene Investigation, Fired Bullets, Fired Cartridge Cases, Serial Number Restoration)

****Please provide copy of completed proficiency test answer sheet with application (not applicable for After the Fact)***

PART 5: Additional Information

Please include any additional information below indicating the corresponding section number.

PART 6: Candidate Declaration

I hereby declare that the information provided in this application to become an AFSAB Assessor is true and correct.

Candidate Name

Candidate Signature

Date

PART 7: Endorsement by Supervisor

The candidate has been assessed internally as a workplace assessor and the application is endorsed based on the information provided herein.

Supervisor Name

Supervisor Signature

Date

PART 8: Recommendation from ANZFEC Member

The candidate's application to become an AFSAB Assessor is supported.

ANZFEC Member Name

ANZFEC Member Signature

Date

***Please send completed application and supporting documentation to
secretariat.nifs@anzpaa.org.au***

AFSAB USE ONLY

Date Application Received:

Recognition as Assessor Approved Not Approved

AFSAB Chair Name

AFSAB Chair Signature

Date