

Candidate Name  
Assessor Name  
Reg No.

## Assessor Induction

The following information is required for:

- a) Training / Assessment Records
- b) Contact in case of emergency
- c) Forwarding on mail or correspondence

Please complete in BLOCK CAPITALS and return to your Assessor / Instructor

Date:			
First Name		Surname	
NI Number		Date of Birth	
Home Address:			
Postcode			
Home Telephone Number		Mobile Number	
Email Address			
Emergency contact details	Name		
	Contact Number		

Please indicate by ticking the box employment status	Employed	Yes		Freelance	Yes	
If Employed - Name and Address of Employer	Work Telephone Number:					
	Work Contact Name:					
Post Code						

Please answer the following questions by indicating Yes or No in the boxes	Yes	No
Do you have Epilepsy?		
Are you taking any medication?		
Is there anything we should know about that may affect your assessment?		
Have you been informed and /understand the Centre's Equal Opportunities and Grievance/Appeals procedure?		

Area of Interest: Please indicate what type of work you would like to be assessed on? Or indicate if you know the certificate/ unit name and level.	
State any relevant courses you have attended?	When did you complete them?
Candidates Signature	Centre Representative Signature
Date	Date

The candidate has been informed of all the fees, methods of assessment, methods of re-assessment and the roles and responsibilities of the **Name of Centre**. The candidate has also been informed and understands the grievance /appeals procedure and is fully aware that he /she can have access to his /her portfolio and this programme record at any reasonable time during the working day.

**Outcome**

a. The candidate wishes to proceed to the next stage, which is an interview/assessment by one of our assessors within the next \_\_\_\_\_ days and will provide ( if possible ) evidence of experience from the work place prior to the completion of the PLASA Completion of Achievement form.

**Induction Comments:**

a. The candidate signs this form and declares that all evidence produced will be authentic to jobs that he /she has been involved with in relation to the Level and Occupation being assessed.

Signed candidate

Signed Centre representative

Date

Date

b. The candidate does not wish to proceed further at this stage

Signed candidate

Signed Centre representative

Date

Date

**Action Plan Agreed:**

Date if Contact	Details	Signatures
a. Within the next _____ days	Assessor to contact candidate for preliminary assessment and action plan and formal interview.	Candidate  Centre Representative
b. Not Required	No Further action required	