

SSIP ASSESSOR REGISTER APPLICATION FORM

Completion of this application form is required for your inclusion on the **SSIP Assessor Register**.

All sections should be completed in full and any questions or queries directed to the SSIP Administrator admin@SSIP.org.uk.

All information supplied will be held securely and no personal information will be shared with any third party organisation.

PART 1: PERSONAL INFORMATION			
Full Name:			
Contact email address:			
PART 2 - PLEASE TICK TO IDENTIFY THE ASSESSOR GRADE YOU ARE APPLYING FOR*:			
SSIP Assessor	<input type="checkbox"/>		
SSIP Reviewer	<input type="checkbox"/>		
PART 3 HEALTH & SAFETY QUALIFICATIONS			
COURSE TITLE	TRAINING DATE	RESULT	CERTIFICATE ATTACHED
NEBOSH Certificate (or equivalent)			<input type="checkbox"/>
PART 4 ASSESSOR TRAINING			
COURSE TITLE	TRAINING DATE	PROVIDER	CERTIFICATE ATTACHED
SSIP Assessor Training / Refresher Training			<input type="checkbox"/>
PART 5 MEMBERSHIP OF PROFESSIONAL BODIES			
PROFESSIONAL BODY	DATE OF MEMBERSHIP	MEMBERSHIP TYPE	
PART 6: ORGANISATION EMPLOYING ASSESSOR (OEA)			
Name of SSIP Scheme:			
PART 7 DECLARATION			
<p>I hereby apply for entry onto the SSIP Assessor Register and confirm that I understand and agree to the following conditions:</p> <ol style="list-style-type: none"> 1. I will observe and abide by the SSIP Rules and Bylaws at all times. 2. The details supplied by me on this application form will be published on the SSIP Assessor Register. 3. I will declare any information that may be considered to adversely affect my ability to perform my Assessor obligations effectively. 4. I observe the right for SSIP to contact the OEA to validate any of the information provided within this application <p>I confirm that the information contained in this application is correct to the best of my knowledge and belief. I understand and accept that, if I provide incorrect information or withhold relevant, requested information, I am likely to be excluded or removed from the SSIP Assessor Register. I also understand that once certified, I am obliged to notify SSIP without delay of any changes to my circumstance which, if declared when I made my first application, might have caused SSIP to exclude me from the SSIP Assessor Register.</p>			
Signature			
Date			
<input type="checkbox"/> Please tick here if you would like to receive future updates from SSIP via the supplied email address. See section 3.0 of the SSIP Assessor Register Guidance Notes for further information			