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**Application form of registration of PL assessors**

1. **Please Fill in your Personal Details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |
| --- | --- | --- | --- |
| ID No: |  | Passport No: | **………………………** |
|  | *(Applicable for foreign nationals only)* |
| Title |  |  |  |  |  |
| Surname: | ………………………………………………………………….*(in block letters)* |
| Other Name/s: | …………………………………………………………………..*(in block letters)* |
| Maiden Name*(if applicable)*  | ………………………………………………………………………………..*(in block letters)* |
| Residential Address: | ……………………………………………………………………….*(in block letters)* |
| Disability Status | ………………………………………………………………………… |
| Correspondence Address: | ………………………………………………………………….*(in block letters)* |
| Present Occupation and Department: ………………………………………………………. |
| Nationality: ……………………………. | Date of Birth: …………….. |
| Phone No. - | Office: …………………… | Home: ………………… | Mobile: ……………. | Fax: ……………….. |
| Email address: ……………………………………………………………… |

 |
| **Disability Status** | Do you have any disability |  |
| **If yes state nature and provide registration with Ministry of social services** | Nature………………………………………………Reg. No…………………………………………….. |
| **Areas in which assessor Operate** | County……………………………..Town………………………………..Village……………………………… |
| **Please indicate employment status (tick appropriate box)** | Pre-employed  | Unemployed  | Employed | Self-employed |
|  |  |  |  |
| **If employed, Please provide employer details and brief description of your roles and** **responsibilities**  | **Employer name:** |  |
| **Posta address** |  |
| **Contacts** | **Tel.** |  |
| **Email** |  |
| **Physic address:** | **Town** |  |
| **Street** |  |
| **Building** |  |
| **Floor** |  |
| **If self employed details and nature of business** | Name |  |
| Products and services |  |
| **Date of submission** |  |

1. **Formal qualification**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of qualiﬁcation | Area of specialization | Awarding institution | Training institution | Credits earned | Date obtained |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Do you have the unit standard ‘conduct outcomes-based assessments at any KNQF Level? | Yes……………………No…………… |
| If yes provide details |  |

1. **Relevant occupational experience**

|  |  |  |  |
| --- | --- | --- | --- |
| Occupational fields |  | No of years in |  |
| Describe experience in this field |  |
| Please indicate what unit standards you will be assessing (or conduct moderation of outcomes-based assessments) against and what subject matter expertise you have in this **regard.** |
| Unit standard title | Unit Standard Number | Brief description of technical competence or subject matter expertise |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Declaration**

|  |  |
| --- | --- |
|  | **Applicant:** I hereby declare that the above information is correct, valid and accurate |
|  | Signature of applicant: |  |
|  | Date: |  |
|  | **Employer or provider:** I hereby endorse this application and declare that the information is correct, valid and accurate |
|  | Signature |  |
|  | Date: |  |

General notes

**General Notes**

1. Incomplete, inadequate or inaccurate filling of the application may result in the application being rejected.
2. An application will be processed upon payment of the non-refundable fee of Ksh. 5,000;
3. It is an offence to give false information or to conceal information in this form.

**Mode of Payment**

Payments of all fees for services offered by KNQA shall be made through the Bank to the account details: -

Kenya National Qualifications Authority (KNQA)

Kenya Commercial Bank Ltd

Moi Avenue Branch

**Account No.1208626825**