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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**