# S1 Sub-Contractor Application Form

Please refer to existing vacancies and the requirements of the role before

completing this form.

Application for one or more of the following roles (Please tick) (🗸)

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| **Moderator** | | |  |
| **Examiner** | | |  |
| **Auditor** | | |  |
| I have experience and wish to apply for a role in one or more of the following sectors(Please tick) (🗸) | | | |
| Animal Care |  | Footwear and Leather |  |
| Arboriculture and Forestry |  | Foundations for Learning and Life |  |
| Art, Design, Craft & Media |  | Horticulture |  |
| Automotive |  | Languages |  |
| Bespoke Tailor and Cutter |  | Preparation for Work |  |
| British Sign Language |  | Sewing and Textiles |  |
| Community Interpreting |  | Social Prescribing |  |
| Counselling |  | Transportation Operations & Maintenance (CPC) |  |
| Employability Programme |  | Voluntary and Community |  |
| Environment and  Conservation |  | Youth and Community |  |
| Fabrication and Welding |  | Other |  |

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| --- | --- |
| Title |  |
| Family name |  |
| Given names |  |
| Full address |  |
| Contact tel. no. |  |
| Email address |  |

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| **Qualifications** (Please give brief details of qualifications achieved including assessor / verifier or other quality assurance qualifications, relevant courses and occupational CPD) | | | | | |
| Qualification(s) achieved | | | | Date |
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| Experience of assessment (within the last two years) | | | | |
| Subject | | Context (creating, assessing, marking) | | |
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| Experience of contributing to qualification and/or unit development (within the last two years) | | | | |
| Subject | Type (e.g. vocational / general/level) | | Awarding Organisation | |
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| Experience of external quality assurance (within the last two years) | | | | |
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| **Experience of representing organisations at a national level** | | | | |
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| **Employment** Please give brief details of current and previous employment (last 5 years only) including name of company and position held | | | | | |
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| Other relevant experience | | | | | |
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| Why are you interested in the role/s identified? | | | | | |
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| List any organisations where you feel you could not act impartially or without conflict of interest | | | | | |
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| Disclosure of criminal offences The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences which are seen as ‘spent’. Please give details, including dates and place, of pending prosecutions and any convictions, cautions and bind-overs since the age of 17. | | | | | |
|  | | | | | |
| Further information If invited to take part in training, you will be asked to provide evidence of your qualifications.  Please note that willingness to travel to centres and/or the Skills and Education Group Awards Office is essential. Please note we may need to carry out a DBS check. This application will not be accepted without a CV. Please note CVs will be viewed in house by our subject specialist.  Those applicants without external quality assurance qualifications may be required to work towards a qualification as part of their CPD. | | | | | |
| **Data protections Declaration (General Data Protection Regulations)**  I understand that this personal information may be entered on the Company’s computerised systems and held within a manual filing system. Information provided is subject to the General Data Protection Regulation (GDPR).   |  |  | | --- | --- | | If appointed as a subcontractor I agree that I consent to my personal information in relation to the appointment, including CV, performance reports and CPD records, being shared with the appropriate External Quality Assurer. | **Yes/No** | |  |  |  |  | | --- | --- | | If unsuccessful at this time I will allow Skills and Education Group Awards to retain my details for up to 12 months in the event that there may be opportunities at a later date. | **Yes/No** | |  |  |  |  | | --- | --- | | My CV is attached | **Yes/No** | |  |   I certify that to the best of my knowledge the information I have given is true and correct record.   |  |  |  |  | | --- | --- | --- | --- | | **Signed** |  | **Date** |  | | Typing in the above box acts as your signature and certifies this document as a true and accurate record. | | | | | | | | | |
| Once completed, this form should be emailed to  [complianceandregulation@skillsedugroup.co.uk](mailto:complianceandregulation@abcawards.co.uk) or ring 0115 8541 632 for further information. | | | | | |