## **EQA APPLICATION FORM**

Confidential. Please submit your completed application form to: [**Associate.EQA@cityandguilds.com**](mailto:Associate.EQA@cityandguilds.com)

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| **PERSONAL CONTACT DETAILS**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **First name** |  | **Last name** |  | **Mr/Mrs/Miss/Ms** | |  |  |  |  |  | | **Address** |  | **Address** |  | **Postcode** | |  |  |  |  |  | | **Personal Email** |  | **Mobile no.** |  | **Home no.** | |

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| **QUALIFICATIONS**  **Important.** You must only list the qualifications you wish to quality assure as an EQA only. If you are uncertain of the qualification title(s)/number(s) please refer to our City & Guilds website[**www.cityandguilds.com**](http://www.cityandguilds.com)  List only relevant qualifications and full details of occupational competence (including numbers of learners worked with, roles carried out and dates) against the relevant assessment strategy or qualification handbook. | | | |
| **Qual no.** | **Qualification title** | **Level/s** | **Provide full details of occupational competence** |
| *7100* | *Professional Cookery* | *Level 1* | *City & Guilds 706 – Head chef 2004-2014 at Michelin star restaurant assessed and managed a programme for 20+ apprentices (2 each year)* |
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| **PRESENT POST/ EMPLOYMENT**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **Employer** |  | **Job Title** |  | **Full/Part Time** | |  |  | | **Date of employment** |  |   Outline main responsibilities and how the work relates to the EQA role: |

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| **PREVIOUS EMPLOYMENT**  Please list previous appointments for the last five years, with the most recent first: | | | | |
| **Date from**  **(mm/yy)** | **Date to**  **(mm/yy)** | **Employer** | **Position held & responsibilities** | **Reasons for leaving** |
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| **Conflict of Interest**  Please list any organisations in which you have had current or recent employment, worked as a consultant or in any other capacity. It is also necessary to list any other organisations in which you have an interest. |
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| **VOCATIONAL/ ACADEMIC QUALIFICATIONS**  Please give details of relevant professional, vocational and/or academic qualifications, including achievement of any D and/or A/ V/ TAQA units and Key/ Functional/Essential Skills units, listing most recent first. | | |
| **Subject** | **Qualification** | **Date of Award** |
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| **MEMBERSHIP OF PROFESSIONAL BODIES** | | |
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| REASON FOR INTEREST Please state briefly your reasons for applying for this position: |
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| **AVAILABILITY**  I agree to commit to a minimum of 30 days per year as an EQA  ***(International EQAs not required to complete*)**  Are you limited to specific days of the week? Please provide details:  Are you prepared to travel nationally Yes  No  Are you prepared to stay overnight Yes  No |

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| **Availability *(International EVs not required to complete)***  Please select the region you are prepared to travel to: | | | |
| **Territory 1** | **Territory 2** | **Territory 3** | **Territory 4** |
| Newcastle upon Tyne  Carlisle  Darlington  York  Preston  Leeds  Liverpool | Grimsby  Sheffield  Derby  Nottingham  Norwich  Coventry  Cambridge  Ipswich | Liverpool  Shrewsbury  Birmingham  Cheltenham  Bristol  Plymouth  Bournemouth  Wales  Northern Ireland | Chelmsford  Swindon  London  Southampton |
| **Yes** | **Yes** | **Yes** | **Yes** |

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| **Availability *(International EVs only)***  Please select the country you are applying for: | | | |
| **Bangladesh** | **Hong Kong** | **Malaysia** | **Middle East** |
| **New Zealand** | **Pakistan** | **Central Africa**  Including Botswana, Zimbabwe, Malawi | **South Africa** |
| **Sri Lanka** | **West Africa** | **Europe** | **Caribbean** |

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| **IT SKILLS**  Do you have access to a computer and the internet? Yes  No  Do you have the ability and confidence to work with web based applications? (This includes submitting forms online, uploading and downloaded documents) Yes  No |

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| **TAQA QUALIFICATION *(International EVs are not required to complete this section)***  Applicants who have not achieved the ‘Level 4 (6312- 41) Award/Certificate in the External Quality Assurance of Assessment Processes and Practice’, or their equivalent, agree to contribute a fee of £500 towards the cost of the qualification should they be contracted. |

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| **REFERENCES**  Referees will be contacted following the vetting of your application. Please nominate two referees who must be responsible persons over 18 years of age and not related to you. At least one must know you in a professional capacity for example as a past or present employer. | |
| **Employer referee:** | **Character referee:** |
| Name: | Name: |
| Email: | Email: |
| Telephone no: | Telephone no: |
| Occupational/relationship to applicant | Occupational/relationship to applicant |

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| **DECLARATION BY APPLICANT**  I confirm the information provided by me in this application form is correct to the best of my knowledge and belief. I understand that if any of the information in this application were subsequently found to be inaccurate or false the contract for supply of services might be withdrawn.  I understand that any offer of contract for supply of services will be subject to receipt of satisfactory references.  **Name of applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thank you for completing the EQA Application Form.  Please forward your application along with the Equal Opportunities Form to:  [**Associate.EQA@cityandguilds.com**](mailto:Associate.EQA@cityandguilds.com) |