**Verification form**

**TAE40116 Certificate IV in Training and Assessment**

# Section 1

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal Details** | | | |
| **First Name** |  | | |
| **Last Name** |  | | |
| **Employment status** | ☒ Full time | □ Part time | □ Casual |
| **Oganisation Name** |  | | |
| **Position** |  | | |
| **Contact Details** | | | |
| **Work Telephone** |  | | |
| **Mobile** |  | | |
| **Email** |  | | |
| **Evidence (Please list all the additional evidence you have attached. For e.g. Letter from employer etc.)** | | | |
| **Resume / CV** | □ Yes ☐ No | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
|  |  | | |
| **Declaration** | | | |
| **I declare that the information provided on this verification form is true and correct.**  **I have provided certified copies of all qualifications, statements of attainment, transcripts and records of results that have been listed on this profile.** | | | |
| **Signature** |  | | |
| **Date** |  | | |

**Section 2 – Please use this section to list your qualifications**

**(Insert more rows if required)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualifications** | | **Provider Information** | **Award Issue Date** | **Office to Complete** | |
| **Verified qualification or documents**  **(signature and date)** | **Copy on file** |
| ☐ |  |  |  |  | ☐ |
| ☐ |  |  |  |  | ☐ |
| ☐ |  |  |  |  | ☐ |
| ☐ |  |  |  |  | ☐ |
| ☐ |  |  |  |  | ☐ |

**Section 3 –** Please answer the questions listed below

* 1. What is your proposed teaching and assessing area?
  2. Do you currently train or assess people in your workplace?
  3. How long have you been working in your current role?
  4. Please provide a short brief describing your industry experience till date.

*Office use only-*

**Verified by-**

**Name-…………………………………………………….. Signature-……………………………………………… Date- ………………………….**