## **Exam Auditor Application**

**Please refer to the person specification to ensure your application evidences how you meet role requirements.**

Please submit yourapplication to[**quality.support@cityandguilds.com**](mailto:quality.support@cityandguilds.com)

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| **Personal contact details**   |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | **First name** |  | **Last name** |  | **Mr/Mrs/Miss/Ms** | |  |  |  |  |  | | **Address** |  | **Address** |  | **Postcode** | |  |  |  |  |  | | **Personal email** |  | **Mobile no.** |  |  | |

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| **Present employment**  Please provide details of your current employment/ contracted role and how your responsibilities evidence your industry experience against the personal specification. | | | |
| **Employer** |  | | |
| **Job title** |  | | |
| **Self-employed, regular or ad hoc work** |  | | |
| **Type of organisation** |  | | **✓** |
|  | End-point Assessment organisation | |  |
| Training provider | |  |
| FE College | |  |
| Small organisation (<50) | |  |
| Medium organisation (<250) | |  |
| Corporate organisation (>250+) | |  |
|  | Other (please specify) |  | |

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| **Position held** | | |  | | | |
| **Main responsibilities** | | | | | | |
| **Explain how responsibilities evidence your experience against the person specification** | | | | | | |
| **Previous employment**  Please list previous employment for the last five years, with the most recent first | | | | | | |
| Date from  (mm/yy) | Date to  (mm/yy) | Name of Employer | | Type of organisation | Position held and main responsibilities | How responsibilities evidence your industry experience against the personal specification |
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| Please list any other contracted roles you currently have with City & Guilds, eg Moderator, External Quality Assurer, Team Lead, Examiner, End-point Assessor. |
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| **Vocational/academic qualifications**  Please provide details of relevant professional, vocational and/or academic qualifications, including achievement of any D, A/ V or TAQA Assessor/ Internal/ External Quality Assurer units and Key/Functional Skills units, listing most recent first. | | |
| **Subject** | **Qualification** | **Date of award** |
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| **Membership of professional bodies**  Please provide details of any relevant bodies you have membership of: | | |
| **Membership body** | **Date of membership from** | **Date of membership to** |
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| **Reason for interest**  Please state briefly your reasons for applying for this position. |
| What attracts you to work at City & Guilds? |
| Where did you see the Exam Auditor role advertised? |
| Do you consider yourself to have a disability or health condition?  Yes🗆 No 🗆  What is the effect or impact of your disability or health condition on your ability to carry out contracted work: |

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| **Availability**  **Please note this is an annual contracted, rather than permanent role. As a minimum, we ask that you can commit to at least 30 days per year which includes any training and standardisation sessions.**  Are you limited to specific days of the week? Please provide details:   |  | | --- | |  |   **If employed, how many days per month would be permitted by your employer?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are there any particular days in the week you cannot commit to? If so please list which days;**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please provide details:   |  | | --- | |  |   **Are you prepared to travel nationally?** Yes  No | | | |
| **Which Region (s) would you be prepared to assess within and potentially stay overnight?** | | | |
| Yorkshire and Humber | Choose an item. | South West | Choose an item. |
| Northern Ireland | Choose an item. | London | Choose an item. |
| West Midlands | Choose an item. | South East | Choose an item. |
| North West | Choose an item. | East of England | Choose an item. |
| East Midlands | Choose an item. | North East | Choose an item. |
| Scotland | Choose an item. | Wales | Choose an item. |
| **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? (These include submitting forms online, uploading and downloading documents) Yes  No | | | |

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| Due to the nature of your services and for the purposes of the Rehabilitation of Offenders Act Exceptions Order, please provide details of any criminal convictions, and the penalty imposed, whether or not regarded as spent under the Rehabilitation of Offenders Act 1974:  If you are Disclosure and Barring Service (DBS) approved, please provide your reference number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Declaration by applicant**  I confirm the information provided by me in this application form is correct to the best of my knowledge.  I understand that any offer of contract for supply of services will be subject to receipt of satisfactory references (these will be requested after vetting and training).  Applicant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Thank you for completing this form.  Please submit your **application** and **Equal Opportunities Form**, to:[**quality.support@cityandguilds.com**](mailto:quality.support@cityandguilds.com) |