

APPLICATION FORM - Consent to Assess

These details are required for all organisations applying for Consent to Assess of unit standards on the NZQF

Organisation Details

Organisation Name	
Street Address	
Postal Address	
Website	

Contact Details

Contact Person - Name	
Role	
Telephone Number	
Facsimile Number	
Email Address	

Delivery Sites

Please list all delivery sites and locations	

Type of Application

New Application for Consent to Assess	
Extension of existing Consent to Assess	



Details of Applicant or applicant TEO's representative

Name: _____
Please print clearly

Role: _____

Signature: _____

Date: _____

Representative of the relevant Industry Body/ Association if applicable

Name: _____
Please print clearly

Role: _____

Signature: _____

Date: _____

Skills Contact Details:

Complete the application form and forward it via email with all relevant documentation to:

consenttoassess@skills.org.nz

or via courier to:

Attn: Quality Assurance
The Skills Organisation
Level 2
LG House
60 Highbrook Drive,
East Tamaki,
Auckland,
New Zealand

If you have any questions please call 0508 SKILLS
(0508 754 557) or +64 9 525 2590