

Candidate Declaration

I _____ confirm that **I am ready to be formally assessed** against the criteria for the ITRA qualification specified overleaf. I confirm **I have read and understood the IPSQA standard** for that I am being assessed. I understand that **if I am found not yet competent for the practical assessment (Part B) that I must re-apply for assessment**. I understand that in the event that I disagree with the assessment outcome, I may **appeal the decision or raise any concerns relating to the assessment within 14 days** of the assessment to info@ipsqa.com. Where I am found competent (pass), I understand that I must complete agree to complete Part C requirements of the standard to be complete the requirements for the respective IPSQA standard. I understand **evidence used in this assessment** may be shared with IPSQA officers/agents for audit and quality assurance purposes. I declare that **I do not have any known medical disabilities or contraindications** that may affect my ability to undertake the assessment or if I do, that I have attached a medical clearance from a registered physician. I understand that the **assessor may stop or suspend the assessment for any safety reason** and that I will follow any reasonable safety related directions. I understand that as part of quality assurance requirements, that **video and/or photographic recordings may be made** and this media may be held by or accessible to IPSQA for a period of 3 years following my assessment. I have read and understood the **IPSQA Code of Conduct** available from www.ipsqa.com/conduct which applies. I understand that as candidate, I am **responsible for uploading assessment result documentation for processing** (within 14 days).

Medical clearance attached (if required).

Signed: _____ (Candidate) Date: _____

Date: _____

IPSQA Assessor Pre-Assessment Checklist [Assessor Use Only]

- | | |
|---|--|
| <input type="checkbox"/> Introductions and backgrounds | <input type="checkbox"/> Confirm academic integrity/code of conduct |
| <input type="checkbox"/> Verify candidate identification (government issued) | <input type="checkbox"/> Confirm independent assessor/no conflicts of interest |
| <input type="checkbox"/> Review the standard being assessed incl. discrepancies | <input type="checkbox"/> Confirm evidence being collected and privacy issues |
| <input type="checkbox"/> Verify completion of Part A (theory examination) | <input type="checkbox"/> Outline appeals process |
| <input type="checkbox"/> Ensure Candidate Declaration above signed | <input type="checkbox"/> Explain any site specific safety/or sign waivers |
| <input type="checkbox"/> Outline format, timings, breaks and expectations | <input type="checkbox"/> Confirm candidate ready for assessment |

Signed: _____ (Assessor)

Date: _____

ITRA Assessor Post-Assessment Checklist [Assessor Use Only]

- | | |
|---|--|
| <input type="checkbox"/> Provide feedback to candidate, discuss any concerns | <input type="checkbox"/> Report any safety incidents |
| <input type="checkbox"/> Advise candidate of any provisional conditions* | <input type="checkbox"/> Ensure candidate is aware of appeals procedure |
| <input type="checkbox"/> Ensure Skill Assessment Form (SAF) completed/signed | <input type="checkbox"/> Retain original forms (SAF/IPS001) and video/photos** |
| <input type="checkbox"/> Provide copy/photo/scan of SAF and IPS001 to candidate | <input type="checkbox"/> Ensure candidate upload forms within 14 days |

Signed: _____ (Assessor)

Date: _____

** Applies only to Provisional Assessors*

*** Assessors must keep record of all assessments (IPS001 and SAFs) and associated assessment evidence (i.e. photos/videos).*