

# Guidance for completing AIVS nomination form



The following guidance should be used to complete the AIVS nomination form

## 1. Centre Details

### Centre Name

This is the name of your organisation, as provided in your Centre Recognition Application.

### OCN Centre no

This is the Centre Number given to you by the OCN when you received formal Centre Recognition.

### Quality Assurance Contact

The Quality Assurance Contact will be the person with responsibility for the internal centre quality assurance system at your Centre.

This should be the same Quality Assurance Contact as detailed in your Centre Recognition Application.

## 2. Personal Details

### Full Name

This is the name of the Internal Verifier who is being nominated for Approved Internal Verifier Status.

### Telephone

This is the Centre contact number of the Internal Verifier who is being nominated for Approved Internal Verifier Status.

### E mail

This is the Centre e mail address of the Internal Verifier who is being nominated for Approved Internal Verifier Status.

### Role at Centre

This is the job title of the Internal Verifier who is being nominated for Approved Internal Verifier Status.

## 3. Previous experience

The Internal Verifier needs to detail their experience, to cover

- N/OCN courses internal / externally verified.
- Other awarding body courses internally / externally verified.
- Length of experience.

## 4. Previous qualifications

The Internal Verifier to specify verification qualifications that have been attained to date. If no Internal Verifier qualifications have been achieved then the highest level of qualification attained to date should be stated e.g. level 3.

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## 5. Sectors for Approved Internal Verifier Status

The sector(s) for which Internal Verifier is being nominated for is to be indicated, by an x in the check box.

## 6. Confirmation and signature

### **Applicant**

The original signature of the Internal Verifier being nominated for Approved Internal Verifier Status. The signature will be used by the OCN to verify the authorisation of the Recommendation of the Award of Credit.

### **Dated**

The date that the nomination form was signed by the Internal Verifier.

### **Quality Assurance contact**

The original signature of the Centre Quality Assurance Contact, this will be the same individual identified within section 1.

### **Dated**

The date that the nomination form was signed by the Centre Quality Assurance Contact.