



PO Box 1138
Warrington
WA4 9GS

Tel: 01925 485 786
email: office@iavltd.co.uk

Reference No.: 7777

22-Feb-2010

Dear Applicant

Thank you for your enquiry regarding membership of the IAV. I have enclosed an application form along with insurance details. Application forms are also available on our website www.iavltd.co.uk

Benefits of the Institute include:

- **Insurance Protection - professional indemnity, contingent public liability and personal accident cover provided for training, assessment and verification.**
- **Interactive Web Site (www.iavltd.co.uk), Including Job Vacancies.**
- **Best Practice Magazine.**
- **Professional Recognition as a Licentiate member, using the initials "LIAV" after your name.**
- **Regular professional updating.**
- **Discounts on National Events and the Annual Conference (CPD Certificates provided)**
- **CPD Material- Lectures on line**

The fee to become a Full Licentiate or an Associate is £85 per year. You can pay this in full either by cheque, bacs payment or by credit card / switch, or even spread the fee over 12 months by standing order. If you have any queries, please do not hesitate to contact me at IAV, either by email (office@iavltd.co.uk), by telephone, or in writing to the above. Membership and Insurance can only commence on receipt of the membership fee.

Yours sincerely

Sally Hewitt
Membership

APPLICATION FOR LICENTIATE or ASSOCIATE MEMBERSHIP

All sections must be completed for your application to be processed. (Please use black ink.)



I am applying to be added to the professional register of licentiate members as an

Assessor / Internal Verifier / Both please delete as appropriate
Title:- _____ Forename(s): _____
Surname:- _____ Date of Birth : _____

<u>Correspondance Details</u>	
Home Address:- _____ _____ _____	Business Address:- _____ _____ _____
Postcode _____	Postcode _____
Tel No: _____	Tel No: _____
Fax No: _____	Fax No: _____
Email Address: _____	

Please indicate the address to which you would like IAV correspondance sent to:

Home address _____ Business address _____

Job Role / Title _____

Number of years in Post _____ Number of Years in Practice _____

REQUIREMENTS FOR LICENTIATE MEMBERSHIP



	SIGNATURE	DATE
1. Please tick the following qualifications that you hold. NVQ 'D' Units A & V Units Appropriate teaching qualifications		
2. (a) I have recency of practise as an assessor (b) I have recency of practice as an Internal Verifier		
3. (a) I keep up to date with occupational competence in the areas that I assess. (b) I keep up to date with occupational competence in the areas that I internally verify.		
4. I have made a commitment to maintaining my own CPD and regular updating.		
5. I demonstrate commitment to the quality assurance procedures of my employers		

Contract for Licentiate membership

If you are unable to provide proof of CPD to attach with your application but will be able to provide proof in 12 months, we would ask you to sign the Licentiate contract to enable you to be awarded Full Licentiate status while waiting for your CPD. (The Licentiate contract is on page 3).

CPD and OC

If you can provide evidence of continuous professional development, occupational competence and the implementation of your QA systems, please attach relevant copies to your application.

CONTRACT FOR LICENTIATE MEMBERSHIP

between

and **The IAV**

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I Applicant Applicant

agree that over the next 12 months that I will achieve and maintain the required standards of the Institute of Assessors and Internal Verifiers (IAV).

As a Licentiate member I will:

- **Keep up to date with my own professional occupational competence relating to the areas on NVQ qualifications I am assessing and verifying and I will be required to demonstrate how I do this.**
- **Demonstrate a commitment to maintaining my own professional development by involvement in structured and regular professional updating and development (CPD).**
- **Demonstrate a knowledge of and commitment to, the quality assurance structures and procedures of my own employing organisation and those of the organisation employing their NVQ candidates.**

I will therefore on _____ (date) supply the IAV with evidence of all the above including 20 hours continuous professional development, 10 days occupational competency and a statement of understanding of the QA systems and policies.

Furthermore, I agree that if I do not submit this information that my right to use the Licentiate status will be removed and my name will be taken off the National Register of Professional Assessors and Internal Verifiers.

signed _____ dated _____

received by IAV _____ dated _____

To be completed by applicant's line manager / current contractor (if you are self employed / freelance , please obtain a signature from your EV or Centre Manager.)

I confirm that the information given is correct and that I will give my support to the continued professional development, occupational competence and support of QA systems of _____

signed _____ Job Role _____ dated _____

name in full _____

Security Check: Mothers maiden name _____

Please give details of how you heard of The Institute;

I have attached:		
- Licentiate Contract	_____ yes	_____ no
- Copies of D32/33/34 or A1, A2 and V1 (or * as appropriate)	_____ yes	_____ no
- Evidence of recent CPD, OC and QA policies	_____ yes	_____ no
* Qualifications in assessing that are approved by the regulatory body or other appropriate authority for the qualifications that you are assessing or verifying.		

Associate membership

Associate membership applies if

- D units held less than 12 months
- You have been in practice less than 12 months
- Have not practiced for 12 months

I am applying to be an Associate Member (please tick accordingly) _____

In joining the Institute of Assessors and Verifiers I confirm that it is my intention to continually develop my professionalism. I declare that the information provided above is correct and understand that my membership will be rescinded if the information is found to be false.

signed _____ dated _____

PAYMENT DETAILS

The cost of the membership is £85 per year for all levels of individual membership.
Please tick as appropriate the preferred method of payment:

- a) I enclose a cheque for £ _____ made payable to IAV Ltd _____

- b) Please charge my Mastercard / Visa £ _____

Card Holder's Name _____

Card Number _____ - _____ - _____ - _____

Expiry Date ____ / ____ 3 Digit card number ____

Address and post code at which card is registered

_____ Pcode _____

Please note that BACS / Internet payments may be made to :

HSBC Bank PLC
389 Woodchurch Road, Prenton, Wirral , CH42 8PF
Sort Code 40-10-26 Account 01456938 Account name : IAV Ltd

Please indicate below any comments that you would like to make:

Thank you for your time in completing the application form which should be returned to:

IAV Limited
PO Box 1138, Warrington, WA4 9GS
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