External Verifier application form

Once completed, please send the form to Jackie Rice at **jackie@cpcab.co.uk**

Name:

Telephone:

Address:

e-mail:

**Counselling & teaching qualifications**

**Training hours**

**Qualification Awarding**

**Dates**

**and level**

**body / HE institution**

**Verification and moderation experience**

**Qualification (if applicable)**

**Dates**

**Client work and experience as a supervisor**

**Dates**

**Have you ever had a complaint upheld against you? Yes/no (if yes, please attach full details):**

**Setting**

**Teaching and assessing experience**

**Qualification and level**

**Dates**

**Personal statement**

**Why would you like to join the CPCAB External Verifier team, and what you would bring to the role?**

**Names, addresses and contact details of referees**

**please specify type of reference (professional, training, personal)**

By providing this information you consent to CPCAB holding these details in accordance with the GDPR legislation for the purposes of quality assurance. For more information on GDPR, we recommend visiting EUGDPR.org and ICO.org.uk websites. Your data will be held in accordance with [**CPCAB’s Data Protection Policy**](https://www.cpcab.co.uk/public_docs/data-protection-policy).