

AAT EQA application form



Please complete all sections of this application form and then submit it, along with a copy of your CV, to aatquality.assurance@aat.org.uk.

Please ensure that CVs are no more than two pages long.

You must complete all sections to avoid delaying your application. Please complete this form in BLOCK CAPITALS.

Personal details

Mr	Mrs	Ms	Miss	Other
Male		Female		
First name(s)			Surname / last name	
Address				
			Postcode	
Contact telephone number			Alternative contact number	
Email				

Your experience

Are you currently involved in any other work with AAT? Yes No

If yes, please state below which area(s) of work you are currently involved in.

Your experience (continued)

Have you undertaken any other work for AAT in the past five years? Yes No

If yes, please state below which areas of work you have undertaken, and the year it was undertaken.

Are you currently undertaking any work for AAT approved training providers or assessment venues? Yes No
If yes, please state the name of the training providers/assessment venues and in capacity i.e., (tutor, incl. AAT assessment codes).

Do you foresee any conflicts of interest?

Do you have the qualifications, skills and experience required, as shown on the AAT website?
Are these clearly described in your CV? Yes No

Yes No

Are you able to commit to a minimum of 12 days per annum to this role?
If no, please state the maximum number of days that you would be able to commit?

Your experience *(continued)*

Please detail why you think you would be suitable for the role of AAT EQA *(maximum of 200 words)*

Your declaration

I confirm that the information in this application (or supporting it) is true and correct to the best of my knowledge and belief.

Signature

Date

Returning your form

Please submit your signed application form, along with a two-page CV, to aatquality.assurance@aat.org.uk