

SADCAS ASSESSORS/TECHNICAL EXPERTS INFORMATION RECORD

1. **Country:** _____
2. **First Name(s):** _____
3. **Surname:** _____
4. **Maiden Name:** _____
5. **Title:** Mr/Mrs/Ms/Dr/Eng [*Delete inapplicable*]
6. **Date of Birth:** _____
7. **Nationality:** _____
8. **Present Employment:**
 - 8.1 *Name of organization:* _____

 - 8.2 *Current Position:* _____
9. **Contact Details:**
 - 9.1 *Physical address:* _____

_____ *Code:* _____
 - 9.2 *Postal address:* _____
_____ *Code:* _____
 - 9.3 *Telephone No:* _____ *Direct Telephone No:* _____
 - 9.4 *Mobile No:* _____
 - 9.5 *Fax No:* _____ *Direct Fax No:* _____
 - 9.6 *Email:* _____ *Direct Email:* _____

10. **Language Proficiency:** *[tick as appropriate on a scale 1-5, with 5 being the highest]*

Language	Read	Write	Speak	Understand
English				
French				
Portuguese				
Mother language				

11. **Academic Qualifications:**

Institution	Degree	Year

12. **Professional Qualifications:**

Professional Qualification	Year

13. **Work Experience:** _____

14. **Field of Expertise:** _____

15. **Training Courses Attended:** *[List courses/seminars/workshops attended excluding assessor training courses but including courses such as auditor course, training in quality assurance etc.]*

Course/Seminar/Workshop	Dates of attendance	Organized by

16. **Assessor Training Courses Attended:**

Course/Seminar/Workshop	Dates of attendance	Organized by

17. **Assessments Observed/Participated in:**

Assessment Date(s)	Company/Organization Assessed	Scope of Assessment	Role in Assessment Team	Accreditation Body	Name of Assessment Mentor

