**Determining Current Competence for CITP**

**Assessment Template V0.2**

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| **Applicant name:** | | | | | | **Applicant ref number:** | | | | | | | | | | | | |
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| CITP – demonstrating current competence | | | | | | | | | | | | | | | | | | |
| To evidence their undertaking to maintain and develop their skills and knowledge explicit in the CITP standard registrants are required to demonstrate how they have maintained (1) their IT practise at the correct level and (2) submit their record of CPD in order to verify their current competence.  CPD records should cover activities undertaken in the last three years but evidence up to 5 years ago may be accepted. | | | | | | | | Assessment(Check the relevant box below) | | | | | | | | | | |
| **Identify the skill area within the IT profession\* in which the applicant has demonstrated competence that meets the assessment criteria for CITP status, together with evidence of their professional activity in the role. Provide justification for your assessment referencing examples.**  The scope of the IT profession is defined by BCS as exploiting IT for business benefit in any context using skills included in a recognised skills framework such as SFIA or the European Competence Framework | | | | | | | | | | | | | | | | | | |
| Autonomy | | | | | | | | **Above**  **Standard** | | | **Met Standard** | | | | | **Below Standard** | | |
|  | | | | | | | |  | | |  | | | | |  | | |
| Complexity | | | | | | | | **Above Standard** | | | **Met Standard** | | | | | **Below Standard** | | |
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| Influence | | | | | | | | **Above Standard** | | | **Met Standard** | | | | | **Below Standard** | | |
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| Business Skills | | | | | | | | **Above Standard** | | | **Met Standard** | | | | | **Below Standard** | | |
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| **CPD Evidence:**  To be relevant to role /skills being evidenced that the individual is working in IT. Acknowledge relevant development around the periphery of the individual’s skills area – allowing development of breadth of knowledge/context of role | | | | | | | | | | | | | | | | | | |
| Has the registrant provided sufficient evidence to demonstrate that they have undertaken a sufficient mixture of relevant CPD activities during the past 3 -5 years?  Please give examples below. | | | | | | | | ***Yes*** | |  | | | ***No*** | | | |  | |
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| Has the registrant’s CPD contributed to the quality of their practice and have they demonstrated the benefit they have gained? Please state how below. | | | | | | | ***Yes*** | | |  | | | | ***No*** | | | |  |
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| **Final Outcome** | | | | | | | | | | | | | | | | | | |
| **Successful:** |  | **Decline:** | |  | **Telephone interview required:** | | | | | | | | | |  | | | |
| **Applicants right to view:** Applicants have a right to request any documentation in relation to their application. Please ensure your decisions are clearly justified with reasons and clear explanations are provided. This is also required for Audit.  **Summary –** Please take a holistic view of the registrant’s evidence.  Comments will be forwarded to the individual. If a telephone interview is required, please state below explicitly what is to be discussed during the call. | | | | | | | | | | | | | | | | | | |
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| **Assessor Details** | | | | | | | | | | | | | | | | | | |
| **Assessor full name:** | | |  | | | | | | **Date:** | | |  | | | | | | |
| **Assessor post nominals** | | |  | | | | | |
| **Assessor membership number:** | | |  | | | | | |