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| **CITP Determining Current Competence**  **Telephone Interview template V0.1** | | | | | | | | |  | | | | | | | | | |
| **Applicant name:** | | | **Applicant ref number:** | | | | | | | | | | | | | | | |
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| CITP Revalidation | | | | | | | | | | | | | | | | | | |
| To satisfy the requirements and be granted a CoCC, individuals are required to demonstrate how they have maintained (1) their IT practise at the correct level and (2) their CPD during the last 3-5 years. **Refer to the Assessor Guidance notes**. | | | | | | Assessment(Check the relevant box below) | | | | | | | | | | | | |
| Autonomy – Document any additional evidence presented during the telephone interview: | | | | | | **Above**  **Standard** | | | | **Met Standard** | | | | | | **Below Standard** | | |
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| Complexity – Document any additional evidence presented during the telephone interview: | | | | | | **Above Standard** | | | | **Met Standard** | | | | | | **Below Standard** | | |
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| Influence – Document any additional evidence presented during the telephone interview: | | | | | | **Above Standard** | | | | **Met Standard** | | | | | | **Below Standard** | | |
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| Business Skills – Document any additional evidence presented during the telephone interview: | | | | | | **Above Standard** | | | | **Met Standard** | | | | | | **Below Standard** | | |
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| **Document any additional relevant evidence presented during the telephone interview**  **CPD Evidence:** A registrant must demonstrate in their CPD Activity record that they have provided examples of CPD activities in the last 3-5 years, and how these activities have contributed to the quality of their professional practice. | | | | | | | | | | | | | | | | | | |
| *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?* | | | | | | ***Yes*** | |  | | | | | ***No*** | | | |  | |
|  | | | | | | | | | | | | | | | | | | |
| Has the registrant’s CPD contributed to the quality of their practice and have they demonstrated the benefit they have gained? | | | | | ***Yes*** | | |  | | | | | | ***No*** | | | |  |
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| **Final Outcome** | | | | | | | | | | | | | | | | | | |
| **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 –**  Having considered the concerns raised by the initial assessor in the first review, please document:   1. How the additional evidence provided during the telephone interview satisfied the area/s of concern, or 2. How the telephone discussion enabled you to determine the outcome | | | | | | | | | | | | | | | | | | |
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| **Successful – Award CoCC:** |  | | | **Unsuccessful:**  **CITP without CoCC granted** | | | | | | | | | | |  | | | |
| **Assessor Details** | | | | | | | | | | | | | | | | | | |
| **Assessor full name:** | |  | | | | | **Date:** | | | |  | | | | | | | |
| **Assessor post nominals** | |  | | | | |
| **Assessor membership number:** | |  | | | | |