**ITP Evidence Document**

**for the ITP Qualification Recognition Service**

**Please complete all grey boxes in this form.**

**To apply, follow the instructions at** [**itp.nz/immigration**](https://itp.nz/immigration)

Version 2.0, May 2021

# Introduction

This Qualification Evidence Document should be completed as part of the Qualification Recognition service offered by IT Professionals New Zealand. Full details are at [itp.nz/immigration](https://itp.nz/immigration)

Please download the Qualification Recognition Guide at the above link for more information about completing this form. The Guide provides detailed information about the process, and Section 4 of the Guide provides details about what evidence is expected for each section of this Document.

Please complete all of the **grey sections** in this document. For example:

|  |  |
| --- | --- |
| The information required is on this side of the table. | Please put your answer in the grey sections, like this one, on this side of the table. |

This document contains the following sections:

* Section 1: Your Details
* Section 2: Qualification and Learning
* Section 3: Evidence of substantive Computing or IT content
* Section 4: Other information

When you have completed this document, please save it (but please do NOT convert it to PDF or another format – submit it as a Word document) and upload as part of the application process.

Once you have completed this document and gathered the other information required (see the Guide), you can apply for Qualification Recognition at [itp.nz/immigration](https://itp.nz/immigration)

# Section 1: Your Details

|  |  |
| --- | --- |
| **Your full name:** |  |
| **Your current address:** |  |
| **Your phone number:** *(including country code)* |  |
| **Country you are currently living in:** |  |
| **The country you were born in:** |  |
| **Your data of birth:** *e.g. 12 March 1986* |  |
| **Are you completing this document on behalf of someone else?**  *ie. are you someone other than the person named in this document and acting as their Agent* | **Yes / No** (please remove either Yes or No) |
| **Agent’s name and contact details:** *If you are an Agent completing this for someone else, please enter your details here. If you are completing it yourself but have an agent, please enter their details.*  *Contact details include name, address, phone number and email address.* |  |
| **Do you agree that we can use the details you have provided to verify your qualifications and other information in this document?** | **Yes / No** (please remove either Yes or No) |
| **Do you agree that we can share these details with Immigration NZ?** | **Yes / No** (please remove either Yes or No) |

*NOTE: You must answer “Yes” to these questions for your qualifications to be included in the assessment.*

# Section 2: Qualification and Learning

Please enter details of your main qualification on this page, then any further qualifications, certifications, short courses, or other learnings (please see the Guide) on the subsequent pages.

## Qualification/Learning 1

This must be your MAIN QUALIFICATION that meets the NZQA Bachelors degree at Level 7 or higher requirement (see the Guide):

|  |  |
| --- | --- |
| **Qualification/learning name:** *(e.g. BSc (Computer Science))* |  |
| **Institution that awarded it:** *(e.g. the University or other)* |  |
| **Institution Address:** |  |
| **Institution phone number:** *(including country code)* |  |
| **City and Country you studied in:** |  |
| **Your student number** (if applicable): |  |
| **Your name while studying:** *if different to your current name* |  |
| **The years you studied:** *e.g. 2010 – 2012* |  |
| **Equivalent full-time study:** *e.g. 4 years, or 3 months* |  |
| **Method of confirmation of level:** *e.g.  (See section 2.2 of the Guide)* |  |
| **Is there an Official Transcript, Official Letter, or similar document that will be submitted related to this qualification?** | **Yes / No** (please remove either Yes or No) |

*NOTE: You must upload a Transcript or Equivalent for your main qualification*

## Qualification/Learning 2 (Optional)

Please complete this for a subsequent qualification or learning. Note that this is only necessary if you have additional qualifications or learnings you would like considered.

|  |  |
| --- | --- |
| **Qualification/learning name:** |  |
| **Institution that awarded it:** |  |
| **Institution Address:** |  |
| **Institution phone number:** |  |
| **City and Country you studied in:** |  |
| **Your student number** (if applicable): |  |
| **Your name while studying:** *(if different to your current name)* |  |
| **The years you studied:** |  |
| **Equivalent full-time study:** |  |
| **Brief outline of contents:** *(Only is an official transcript or equivalent is not supplied)* |  |

## Qualification/Learning 3 (Optional)

Please complete this for a subsequent qualification or learning. Note that this is only necessary if you have additional qualifications or learnings you would like considered.

|  |  |
| --- | --- |
| **Qualification/learning name:** |  |
| **Institution that awarded it:** |  |
| **Institution Address:** |  |
| **Institution phone number:** |  |
| **City and Country you studied in:** |  |
| **Your student number** (if applicable): |  |
| **Your name while studying:** *(if different to your current name)* |  |
| **The years you studied:** |  |
| **Equivalent full-time study:** |  |
| **Brief outline of contents:** *(Only is an official transcript or equivalent is not supplied)* |  |

## Qualification/Learning 4 (Optional)

Please complete this for a subsequent qualification or learning. Note that this is only necessary if you have additional qualifications or learnings you would like considered.

|  |  |
| --- | --- |
| **Qualification/learning name:** |  |
| **Institution that awarded it:** |  |
| **Institution Address:** |  |
| **Institution phone number:** |  |
| **City and Country you studied in:** |  |
| **Your student number** (if applicable): |  |
| **Your name while studying:** *(if different to your current name)* |  |
| **The years you studied:** |  |
| **Equivalent full-time study:** |  |
| **Brief outline of contents:** *(Only is an official transcript or equivalent is not supplied)* |  |

## Qualification/Learning 5 (Optional)

Please complete this for a subsequent qualification or learning. Note that this is only necessary if you have additional qualifications or learnings you would like considered.

|  |  |
| --- | --- |
| **Qualification/learning name:** |  |
| **Institution that awarded it:** |  |
| **Institution Address:** |  |
| **Institution phone number:** |  |
| **City and Country you studied in:** |  |
| **Your student number** (if applicable): |  |
| **Your name while studying:** *(if different to your current name)* |  |
| **The years you studied:** |  |
| **Equivalent full-time study:** |  |
| **Brief outline of contents:** *(Only is an official transcript or equivalent is not supplied)* |  |

## Qualification/Learning 6 (Optional)

Please complete this for a subsequent qualification or learning. Note that this is only necessary if you have additional qualifications or learnings you would like considered.

|  |  |
| --- | --- |
| **Qualification/learning name:** |  |
| **Institution that awarded it:** |  |
| **Institution Address:** |  |
| **Institution phone number:** |  |
| **City and Country you studied in:** |  |
| **Your student number** (if applicable): |  |
| **Your name while studying:** *(if different to your current name)* |  |
| **The years you studied:** |  |
| **Equivalent full-time study:** |  |
| **Brief outline of contents:** *(Only is an official transcript or equivalent is not supplied)* |  |

# Section 3: Substantive Computing or IT content

**Please describe how your qualification(s) and learning from Section 2 meets each criteria. Please see the Guide for more information.** *Please reference your qualifications/learnings by number (e.g. Qual/Learning 1 from the previous section would be “1”).*

|  |  |  |
| --- | --- | --- |
| 1 | Problem analysis and complexity |  |
| 2 | **Depth of coverage** |  |
| 3 | **Structured education** |  |
| 4 | **Knowledge for Solving Computing Problems** |  |
| 5 | **Modern Tool Usage** |  |

**For Criteria 6-10, please provide details of how either your qualification(s)/learnings you have listed in Section 2, or a combination of these and other learning (e.g. on-the-job learning or practice) meet the criteria. Please see the Guide for more information.**

|  |  |  |
| --- | --- | --- |
| 6 | Individual and team work |  |
| 7 | **Communication** |  |
| 8 | **Computing professionalism and society** |  |
| 9 | **Ethics** |  |
| 10 | **Life-long learning** |  |

# Section 4: Other information

You can use this section to provide any further information to be considered during the assessment of your application (if necessary). Note that we cannot consider factors outside the criteria in this document.

|  |  |
| --- | --- |
| **Are the details you have provided in this document true and correct?** | **Yes / No** (please remove either Yes or No) |
| **Other information you would like the Assessor to consider:** |  |