Bell Diving Supervisor





The ability to supervise a team during all operational activities in a safe and reliable manner This meets the requirements of IMCA D02/000/03/03

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Candidate Name:		Date:	
Activity Number (1,2, or 3):		_	
Performance Criteria: all of these mu	st be assessed over a minimum of 3 work activities		
Type of Evidence: Observation (O), W	ork Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not	ot Applicable	(N/A)
	Performance Criteria		Type of Evidence
a) Is able to demonstrate the a programme	ctive involvement of their worksite in the competence managen	nent	
b) Can conduct pre-assessment management programme	meetings and feedback meetings as required by the competen	ce	
c) Agrees timescales for assessi	ment with candidates		
	ft handovers, team and shift briefs and 'toolbox' talks		
e) colleagues	he workplace whilst maintaining good working relationships wit	h	
f) Can communicate effectively	with colleagues and offer advice where necessary		
Witness name:		Date:	
(If applicable in assessment plan)		Date.	
Assessor name:		Date:	