Client Representative (Diving)





The ability to use project management systems and software

This meets the requirements of IMCA C/C02/000/08 & C06 or 07/000/02

| Candidate Name: Date: | | | e e |
|---|---|--|------------|
| Acti | <u> </u> | | |
| Perf | ormance Criteria: all of these mu | st be assessed over a minimum of 3 work activities | |
| Туре | of Evidence: Observation (O), W | ork Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not Applic | able (N/A) |
| | Type of Evidence | | |
| a) | Demonstrates the familiarity | | |
| b) | Demonstrates the familiarity | | |
| c) | Demonstrates the ability to pathways | tical | |
| d) | Demonstrates the ability to specifications/procedures | | |
| | | | |
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| | | | |
| Witness name: (If applicable in assessment plan) Date: | | : | |
| Assessor name: Date: | | : | |

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