

Competence 3

Provide evidence of your continuing ability to undertake the role of Senior Client Representative

Candidate Name:		Date:	
Activity Number (1,2, or 3):			

Performance Criteria: all of these must be assessed over a minimum of 3 work activities

Type of Evidence: Observation (O), Work Product (P), Written (W), Questioning (Q), Not Covered (N/C) or Not Applicable (N/A)

Performance Criteria		Type of Evidence
a)	Demonstrates the ability to oversee project administration and health, safety, environment and quality arrangements	
b)	Demonstrates the ability to interpret and oversee emergency response procedures	
c)	Demonstrates the ability to use project management systems and software	
d)	Demonstrates the ability to assess and interpret the effect of a changing marine environment on the project	
e)	Demonstrates the ability to oversee the efficient use of systems. ROV/Survey/Diving/Marine as appropriate	
f)	Demonstrates the ability to oversee and administer the offshore project	

Witness name: (If applicable in assessment plan)		Date:	
Assessor name:		Date:	