

Senior Client Representative (Diving)

| | | | |
|-----------------|--|-------|--|
| Candidate Name: | | Date: | |
|-----------------|--|-------|--|

| | |
|------------------------------|--|
| Activity Number (1,2, or 3): | |
|------------------------------|--|

Decision & Feedback (please use a separate document if more space is required)

| | |
|--|--|
| Has the candidate demonstrated competence in this activity? (yes/no) | |
|--|--|

| | |
|---|--|
| Has the candidate now demonstrated competence in three activities? (yes/no) | |
|---|--|

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|---|--|
| Please specify the reasons for your decision: | |
|---|--|

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|--|--|
| Summary of further action for the candidate: | |
|--|--|

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|----------------------|--|
| Candidates comments: | |
|----------------------|--|

| | | | |
|-----------------|--|-------|--|
| Candidate name: | | Date: | |
|-----------------|--|-------|--|

| | | | |
|----------------|--|-------|--|
| Assessor name: | | Date: | |
|----------------|--|-------|--|