

## Competence 3

The ability to implement effective personnel management skills

|                              |  |       |  |
|------------------------------|--|-------|--|
| 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 skills and aptitude commensurate with duties and responsibilities of a Geotechnical Party Chief                      |                  |
| b)                   | Demonstrates the capability and training to undertake personnel assessments fairly, reflecting individual strength and weaknesses |                  |
| c)                   | Demonstrates the ability to recommend training or educational schemes as appropriate  |                  |
| d)                   | Demonstrates the ability to develop company assessment procedures and assessment reporting  |                  |
| e)                   | Demonstrates effective human resource management and communication skills   |                  |
| f)                   | Demonstrates the ability and diplomatic skills necessary to constructively discuss assessment reports with candidate personnel    |                  |
| g)                   | Demonstrates the ability to communicate effectively and efficiently through face-to-face, writing, radio and telephone            |                  |
| h)                   | Demonstrates the ability to effectively liaise with client and company management   |                  |
| i)                   | Demonstrates leadership skills by effective communication   |                  |
| j)                   | Demonstrates the ability to attend and lead project kick-off meetings and debriefs  |                  |

|   |  |       |  |
|---|--|-------|--|
| Witness name:<br>(If applicable in assessment plan) |  | Date: |  |
| Assessor name:                                      |  | Date: |  |