Assessment Feedback Form

Grade II Pipeline Inspection Engineer

M	TCS_

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)				
Please specify the reasons for your				
decision:				
Summary of further action for the				
candidate:				
Candidates comments:				
canalactes comments.				
Candidate name:		Date:		
Assessor name:				
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