## **Assistant Workshop Technician**



Candidate Name:



Date:

The ability to perform in a team and cooperate in all operational activities in a safe and reliable manner *This meets the requirements of IMCA* 

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 Applic	able (N/A)
Performance Criteria	Type of Evidence
a) Can identify areas for development in order to comply with this competence scheme	
b) Can participate in pre-assessment meetings and feedback meetings as required by this competence scheme	
c) Agrees timescales for assessment with Supervisor/Assessors	
d) Can participate in team briefs and 'toolbox' talks when required	
e) Can overcome problems in the workplace whilst maintaining good working relationships with colleagues	
f) Can communicate effectively with colleagues and seek advice where necessary	
g) Does not take risks and seeks guidance where necessary	
h) Demonstrates a good standard of tidiness and hygiene in the workplace	
i) Assists in all operational and maintenance requirements where appropriate	
Witness name: (If applicable in assessment plan)	:
Assessor name:	
Date	
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