

Competence 3

Demonstrates the ability to coach personnel, assess their skills and implement effective management techniques in the workplace

This meets the requirements of IMCA R/R20/000/03

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)	Review plans for assessing performance of team members both onshore and offshore	
b)	Collects and judges performance evidence against performance criteria	
c)	Collects and judges knowledge evidence against performance criteria	
d)	Make an assessment decision on the basis of the evidence submitted by the Candidate	
e)	Provide feedback to the Candidate on completion of activities	
f)	Complete appropriate Company led documentation	
g)	Contribute to the QA process that is required by the Company to ensure the assessment is conducted in accordance with industry requirements	
h)	Compile witness statements in accordance with Company requirements	
i)	Provide guidance and support to colleagues that contributes to their continuing professional development	
j)	Demonstrates the ability to motivate Personnel by effective communications, involving them in decisions and by delegation of work as appropriate	
k)	Demonstrates the ability to adapt leadership styles to take into account task needs, as well as team and individual member needs	
l)	Demonstrates effective decision making processes for safety critical, technical and operational issues	
m)	Can recognise stress within the team and act accordingly to minimise the effects	
n)	Recognises and manages conflict within the team and is effective in dealing with it in the workplace	
o)	Monitors and evaluates activities to ensure resources are used effectively	
p)	Understands and appreciates different cultures in the workplace and appreciates how they can affect performance	
q)	Agrees time scales for assessment with Candidates/Assessors	

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