

ROV Tooling Supervisor

Candidate Name:		Date:	
Activity Number (1,2, or 3):			

Assessment Plan	<i>Please provide a summary of the following information:</i>
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Work activity to be assessed	
Which performance criteria in the competence(s) do you intend to assess?	
What type of evidence will be assessed (Observation, Work Product, Questioning or other please specify)?	
What date or dates will the assessment take place?	
Where will the assessment take place (e.g. name of vessel, installation, system, workshop etc)?	
Particular assessment needs and name of any witness involved	
Witness name: (if applicable)	
Assessor name:	
	Date: