ROV Tooling Supervisor



Witness name:

Assessor name:

(If applicable in assessment plan)



The ability to coach personnel and assess their skills in the workplace

| This meets the requirements | of IMCA R | /R11 | /000/03 | /06 |
|-----------------------------|-----------|------|---------|-----|
|-----------------------------|-----------|------|---------|-----|

| | Theees the regularities of | , 5 , 1.12, 000, 00, 00 | | | |
|------|-----------------------------------|---|---------------------------------|--------------|------------------|
| Can | Candidate Name: Date: | | | | |
| Acti | ivity Number (1,2, or 3): | | | | |
| Perf | ormance Criteria: all of these mu | st be assessed over a minimum of 3 work | activities | | |
| Туре | e of Evidence: Observation (O), W | ork Product (P), Written (W), Questioning | g (Q), Not Covered (N/C) or Not | Applicable (| N/A) |
| | | Performance Criteria | | | Type of Evidence |
| a) | | performance of team members, both | | | |
| b) | | ance evidence against performance cr | | | |
| c) | | ge evidence against performance crit | | | |
| d) | | on on the basis of the evidence submi | tted by the candidate | | |
| e) | | ndidate on completion of activities | | | |
| f) | Completes appropriate comp | | | | |
| g) | | surance process that is required by th | ne company to ensure the as | sessment | |
| 6/ | is conducted in accordance v | | | | |
| h) | | s in accordance with company require | | | |
| i) | | ort to colleagues that contributes to t | heir continuing professional | | |
| | development | | | | |
| | | | | | |
| | | | | | |

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Date:

Date: