ROV Senior Tooling Technician





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This meets the requirements o	FIMCA R/R12/000/03/06		
Candidate Name:		Date:	
Activity Number (1,2, or 3):		L	l .
	st be assessed over a minimum of 3 work activities		
Type of Evidence : Observation (O), W	ork Product (P), Written (W), Questioning (Q), Not Cover	red (N/C) or Not Applicable	(N/A)
	Performance Criteria		Type of Evidence
a) Can perform 'tool box' talks prior to carrying out night shift supervisory duties			
b) Can liaise with the client who			
c) Demonstrates effective leader conditions	ership skills to colleagues during night shift and dur	ing bad weather	
d) Can coach colleagues in the	use of equipment and systems	_	
	weaknesses in colleagues and offer encouragemen	it where necessary	
f) Can interpret metrological in	formation, including currents and tides, from infor	mation available	
g) Can report on the capabilitie	s and limitations of ROV systems		
Witness name: (If applicable in assessment plan)		Date:	
Assessor name:		Date:	