

Senior Workshop Technician

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| Candidate Name: | | Date: | |
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| Activity Number (1,2, or 3): | |
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| Assessment Plan | <i>Please provide a summary of the following information:</i> |
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| Work activity to be assessed | |
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| Which performance criteria in the competence(s) do you intend to assess? | |
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| What type of evidence will be assessed (Observation, Work Product, Questioning or other please specify)? | |
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| What date or dates will the assessment take place? | |
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| Where will the assessment take place (e.g. name of vessel, installation, system, workshop etc)? | |
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| Particular assessment needs and name of any witness involved | |
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| Witness name: (if applicable) | |
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| Assessor name: | | Date: | |
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