Assessment Plan





| Candidate Name: | | Date: | |
|--|--|-------|-----------------------|
| Activity Number (1,2, or 3): | | - | |
| Assessment Plan Please provide a summary of the following information: | | | |
| 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: | © MTCS Ltd. 17/4/2019 |