

This section is to be completed by the Assessor				
Confirm three Candidates you have assessed:				
Name		Assessment Date		Grade
Name		Assessment Date		Grade
Name		Assessment Date		Grade

This Section must be completed by your Line Manager/Offshore Manager	
Assessor Name:	
Assessor Date of birth:	
Assessor email:	
This form may be photocopied if your Witness can only observe a part of the assessment process.	
Reference: IMCA C002 to C005 inclusive and IMCA C007	
As a Witness I confirm that I have observed the above named person:	Date(s)
1 Agreeing and reviewing a plan for assessing performance.	
2 Judge evidence of performance against criteria to make an assessment decision.	
3 Judge evidence of knowledge against criteria to make an assessment decision.	
4 Make an assessment decision and give feedback.	
Witness name:	Position:
Witness signature:	Date:
Witness email:	Witness contact no:
Company name / address:	