

Induction Assessment

SKILL NAME:	RT Yarwun – 721 Cogeneration Induction											
COURSE ID:	30352502											
Qual Code	Area 30352299 <input type="checkbox"/>						Non Area 30352501 <input type="checkbox"/>					
EMPLOYEE TO COMPLETE												
Name:												
SAP ID:												
Contractor:	Yes			No			Company:					

Employee Signature: _____ Date: _____

ASSESSMENT SUMMARY AND CERTIFICATION	
<input type="checkbox"/> Initial Training (Assessment and walk around required) <input type="checkbox"/> Recognition of current competency (if selected complete statement below & theory assessment)	
RCC Declaration: - I confirm that I have worked in the area in the past 6 months. – Signature _____ Brief description of work undertaken. _____ _____ _____	
NOMINATED TEAM LEADER TO COMPLETE for RCC	
Name:-	Signature:-
<input type="checkbox"/> Request for RCC confirmed	<input type="checkbox"/> Request for RCC Not Confirmed

TRAINER / ASSESSOR TO COMPLETE			
	NAME	SIGNATURE	DATE
Assessment Completed By:			
ASSESSMENT SUMMARY AND CERTIFICATION			Assessor Signature (Satisfactory)
Recognition of Current Competence (RCC):			
Theory Assessment:			
LEARNING & DEVELOPMENT TO COMPLETE			
Administrator Signature:		Date:	

Document File Name:			
Document Type:		Effective Date:	
Status:		Printed Date:	
Approved By:		Page:	