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|--|---|--|-------------------------------------|--|------------------------|--|--|
| SKILL NAME: | | Rio Tinto Yarwun Light Vehicle RMA Operations | | | | | |
| COURSE ID: | D30319666 | QUAL ID | <input type="checkbox"/> | Q31606331 – Under Training | | | |
| | | | <input checked="" type="checkbox"/> | Q31270527 (2yr) RTAY Light Vehicle RMA Ops | | | |
| Imparts: <u>Q30568790</u> RTAY Light Vehicle Operation & <u>Q30410350</u> RTAY C3 Vehicle & Driving Awareness | | | | | | | |
| EMPLOYEE TO COMPLETE | | | | | | | |
| Name: | | | | | | | |
| SAP/Browz : | | | | | | | |
| Department: | | | | | | | |
| Contractor: | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | Company: | | | | |
| Current Licence Number: | | | | | Licence Expiry: | | |
| Copy of licence must be attached | | | | | | | |

Employee

Signature: _____

Date: _____

** See Conditions for this Qualifications on Page 2

| | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> - RCC Assessment | | | |
| Recognition of Current Competence Questions Complete: <i>(RCC Self-Assessment, Section 1.0)</i> | | <input type="checkbox"/> C | <input type="checkbox"/> NYC |
| Observation Checklist Critical Aspects Verified: <i>(Observation Checklist, Section 2.0)</i> | | <input type="checkbox"/> C | <input type="checkbox"/> NYC |
| Important: When RCC is completed the Assessor/Leader is required to verify with a signature/initial, on each line, that the Candidate is competent in the shaded critical aspects found in the Observation Checklist indicated by a *. | | | |
| <input checked="" type="checkbox"/> - Full or First time CTO Assessment | | | |
| Observation Checklist Completed: <i>(Observation Checklist, Section 2.0)</i> | | <input type="checkbox"/> C | <input type="checkbox"/> NYC |
| What If Analysis Completed: <i>(What If Analysis Questionnaire, Section 3.0)</i> | | <input type="checkbox"/> C | <input type="checkbox"/> NYC |
| Important: For full assessment, all components in the relevant sections must be marked as either S or NYS | | | |
| AUTHORISED ASSESSOR TO COMPLETE | | | |
| Assessment Completed By: | Name: | Sign: | Date: |
| Assessor Position: | RTA Yarwun Employee: <input type="checkbox"/> | Contractor: <input type="checkbox"/> | |
| Content Expert: <i>(if required)</i> | Name: | Sign: | Date: |
| Result: | <input type="checkbox"/> Authorised to Operate | | <input type="checkbox"/> Not Authorised to Operate |
| Assessment completed at: <i>Specify RTO (if applicable):</i> | <input type="checkbox"/> Yarwun Refinery | | <input type="checkbox"/> External RTO |
| Comments: | | | |

**Completed document must be supplied to Employer for upload to BROWZ if Contractor
Forward to Learning & Development team for Yarwun Employees**

| | | | |
|---|--|--|--------------|
| LEARNING & DEVELOPMENT TO COMPLETE | | | |
| Administrator Signature: | | | Date: |

| | | | |
|------------------------------|-----------------|--|------------------------|
| Documentum File Name: | | | |
| Document Type: | | | Effective Date: |
| Status: | Version: | | |
| Approved By: | | | Printed Date: |
| | | | Page: |