

SKILL NAME:	RTAY Compress Gas-Oxy cutting CTO		
COURSE ID:	30413966	QUAL ID	30413954 (2 years)
EMPLOYEE TO COMPLETE			
Name:			
SAP ID:			
Department:			
Contractor:	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Company:

Employee

Signature: _____

Date: _____

TRAINER / ASSESSOR TO COMPLETE			
	NAME	SIGNATURE	DATE
Assessment Completed By: (Holds TAE)			
Content Expert (if required)			
ASSESSMENT SUMMARY AND CERTIFICATION		Assessor Signature	
		C/NYC/NA	Sign
Recognition of Current Competence (RCC):			
Observation Checklist:			
What If Analysis:			
AUTHORISED ASSESSOR/ LEADER TO COMPLETE			
Name:			
Result:	<input checked="" type="checkbox"/> Authorised to Operate	<input type="checkbox"/> Not Authorised to Operate	
Important: When RCC is completed the Assessor/Leader is required to verify with a signature the Candidate is competent in the shaded critical aspects found in the Observation Checklist indicated by a *.			

Signature: _____

Date: _____

Please forward to the Learning & Development Team for file update

LEARNING & DEVELOPMENT TO COMPLETE	
Administrator Signature:	Date: