

## Competency Assessment Result

Candidates Name: \_\_\_\_\_ Date: \_\_\_\_\_

In partial assessment of:

- SFISHIP202A/B  
Contribute to safe navigation

And or

- TDMMH1207B  
Plan and Navigate a short voyage within inshore limits

Assessments undertaken:	Successfully completed <input checked="" type="checkbox"/>
Written assessment	<input type="checkbox"/>
Assignment	<input type="checkbox"/>
Co-Requisite Coxswain Deck or Equivalent	<input type="checkbox"/>

### Results

<p><b><i>At the time of the assessment, the candidate was assessed as:</i></b></p> <p style="display: flex; justify-content: space-around;"> <span><b>NOT YET COMPETENT</b> <input type="checkbox"/></span> <span><b>COMPETENT</b> <input type="checkbox"/></span> </p>	
<p style="text-align: center;"><i>Assessor to complete this section for Not Yet Competent results.</i></p> <p>The candidate was informed of the need for reassessment in the following areas:</p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>	
<p><i>Candidate signature where NYC</i></p> <p>I have been informed of my assessment result and the reason for the decision.</p> <p><b>Candidates Signature:</b></p> <p>_____</p>	<p><b>Name of Assessor:</b></p>   <p><b>Assessor's Signature</b></p> <p>_____</p>