

Competency Checklist

BSB07

Trainee Name: _____ **Employer:** _____

ELEMENTS	Comm Date	Comp. Date	C/ NYC	Method of Assessment									
				O	D	S	W	T	3P	Q/D	P	WR	
1													
2													

O = Observation of performance
 D = Demonstration
 S = Simulation/ Role play
 WR = Written Response

T = Training records
 3P = Third Party
 Q & D = Questioning and discussion

O/L= On Line
 W= Work samples
 P= Project/Assessment task

I understand the requirements of being a learner and certify that; this submission is all my own work.

All the above information and documents contained in this report have been discussed with the trainee, the assigned workplace coach and RTO assessor.

The above trainee has been deemed as Competent / Not Yet Competent

C / NYC

RTO Assessor	Workplace Coach/Supervisor	Trainee
Date	Date	Date