## 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

<table>
<thead>
<tr>
<th>Assessments undertaken:</th>
<th>Successfully completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Written assessment</td>
<td></td>
</tr>
<tr>
<td>Assignment</td>
<td></td>
</tr>
<tr>
<td>Co-Requisite Coxswain Deck or Equivalent</td>
<td></td>
</tr>
</tbody>
</table>

### Results

**At the time of the assessment, the candidate was assessed as:**

<table>
<thead>
<tr>
<th>NOT YET COMPETENT</th>
<th>COMPETENT</th>
</tr>
</thead>
</table>

*Assessor to complete this section for Not Yet Competent results.*

The candidate was informed of the need for reassessment in the following areas:
- 
- 
- 

*Candidate signature where NYC*

I have been informed of my assessment result and the reason for the decision.

**Candidates Signature:** ____________________________

**Name of Assessor:** ____________________________

**Assessor’s Signature** ____________________________