Competency Checklist
BSB07

Trainee Name: __________________________ Employer: __________________________

<table>
<thead>
<tr>
<th>ELEMENTS</th>
<th>Comm Date</th>
<th>Comp. Date</th>
<th>C/NYC</th>
<th>Method of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O = Observation of performance
D = Demonstration
S = Simulation/ Role play
WR = Written Response
T = Training records
3P = Third Party
Q & D = Questioning and discussion
Q/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

<table>
<thead>
<tr>
<th>RTO Assessor</th>
<th>Workplace Coach/Supervisor</th>
<th>Trainee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

C / NYC