



WHS Competency Assessment Checklist

Trainee information	
Name:	Faculty/division/unit:
Staff/student number:	
Assessment information	
Equipment:	
SWP/RA number or title:	
Assessor:	Date Training Commenced:

Assessment Method(s):

- | | |
|--|--|
| <input type="checkbox"/> Workplace observation | <input type="checkbox"/> Practical demonstration |
| <input type="checkbox"/> Oral/written questions | <input type="checkbox"/> Oral presentation |
| <input type="checkbox"/> Qualification / licence (in conjunction with other methods) | |

Competencies [as described in SWP/RA listed above]

Step	Competent	Not Yet		Step	Competent	Not Yet
1				6		
2				7		
3				8		
4				9		
5				10		

Overall Assessment of Competency [including operation of equipment – if applicable]

- Competent Not yet competent

Sign Off

Trainee: _____ Date: _____

Assessor: _____ Date: _____