# Candidate Self-evaluation Tools

This document is from the *RPL Assessment Toolkit for CHC30113 Certificate III in Early Childhood Education and Care* ***Forms and Templates***. See the ***Assessor Guide*** of that suite of resources for further information on its application.

The following tools are for the RPL candidate’s self-evaluation. The candidate is required to consider the workplace tasks they can do, and complete these tools in their own time.

The candidate should be given the tools during Step 1 of the RPL assessment process—the initial interview and planning session.

At that session, the assessor should advise the candidate how to complete the self-evaluation, including the need for workplace verification of skills. More detailed instructions for assessors are on the following page.

These tools allow candidates to document and broadly evaluate their knowledge and skills against workplace tasks they believe they can do and to collate some initial evidence (the tasks are aligned to unit clusters).

They also require workplace representatives to verify the candidate’s skills and knowledge. The tools include instructions for candidates and workplaces, self-evaluation tools for each cluster, and a form for listing any attached evidence.

If students require additional support to complete the tools, this should be provided.

**Note:** Delete this page and the assessor’s instructions on the following page before providing to the candidate.

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| **Candidate Self-evaluation Tools: Instructions for the assessor** | |
| **Assessors should read the following notes before providing candidates with the self-evaluation tools** | |
| **What are these tools?**  These tools include five self-evaluation forms each related to a ‘cluster’ of units of competency and a form to list attached documents—to be completed independently by the candidate and verified by the workplace. When completed, these provide evidence of workplace tasks the candidate believes they can do and examples of how they apply skills and knowledge, with this information supplemented and verified by the workplace.  **Note:** This will not be sufficient to determine competence (the *RPL Toolkit* processes requires candidates to be assessed in the workplace). However, the self-evaluation will provide evidence and information that can be used in determining the next steps in the RPL assessment process.  **Instructions for assessors providing the tools**  Provide the candidate with the tools **(**the following pages—from the ‘Instructions to the Candidate’ to the end of the ‘List of attached documents’ section) **during Step 1 of the RPL assessment process** (at the initial interview and planning session).  If applicable, before providing the tools, remove any sections for any units in which the candidate has been assessed as competent (for example, by credit transfer or National Recognition).  When providing the *Candidate Self-evaluation Tools*:   * advise the candidate that the completed tools will be part of the evidence to be considered in determining their competence | * go through the tools, showing the candidate how to complete them * determine any support that could be needed by the candidate, such as language, literacy or numeracy support or skills in using a computer if needed, and advise how this can be sourced * inform the candidate that the RPL process is not based on documentary evidence only—that is, while documents can be attached, the candidate does not need to provide documents as evidence of every skill they claim they hold, as other assessment processes will also be used * inform the candidate that they will need to seek verification of their completed self-evaluation from a workplace representative (that is, a person in a position of responsibility, perhaps their employer or supervisor, who holds higher qualifications than they do and has observed their workplace performance) * give the candidate the *Workplace Representative Form* that also must be completed by the workplace representative.   **Instructions for assessors in reviewing the completed tools**  After the completed tools are returned, assessors should check them for completion and sign-off, review the information and any evidence provided, and add comments to the tools in the section provided at the end of each.  The information gathered from the candidate self-evaluation should guide the assessor in determining the focus of the ‘competency conversations’ and workplace assessment tasks to be undertaken. |

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| **Candidate Self-evaluation Tools: Instructions for the RPL candidate and workplace representative** | |
| **RPL candidates and workplace personnel—please read the following notes before completing the tables** | |
| **What is in this document?**  This document will help you to evaluate the knowledge and skills you apply at work**—**the first step in your RPL process.  The following pages include five sections with tables with ‘clusters’ of units of competency, and there is also a table for listing any attached documents.  **How to conduct the self-evaluation**   * Completing this self-evaluation will take some time—please allow enough time to think very carefully about the workplace tasks you ***can do***. * The tools include 45 numbered tasks. Think about each task. Consider if you do it **‘very well’**, **‘quite well’** or **‘no, or not well’**, and tick the box. Then, add examples of how you do the task in the space provided. * After you have completed the tables, ask a workplace representative to complete and sign the workplace sections. This should be someone who knows your work, perhaps your employer or supervisor. They will also need to complete a *Workplace Representative Form*.   The completed tables give the assessor important evidence of tasks you believe you can do, to help them to decide the next RPL steps.  **You can attach documents**  Documents can be evidence… you might have documents at work or at home that show you can do some of the workplace tasks. If so, attach them to the back of the completed tables, and add details to the ‘*List of Attached Documents’* table. | In thinking about documents to attach, remember:   * you don’t have to find documents for every workplace task—only where you can easily find these, and in line with your assessor’s suggestions * any document can be listed against more than one workplace task * the table has a space to put the document number—make sure the same number is on the attached document * to maintain confidentiality, remove all personal information from any workplace documents you use.   **Instructions for workplace representatives**  The *Workplace Guide* explains the RPL assessment process. If you do not have this, please ask the assessor or the candidate.  As a workplace representative you are required to verify the candidate’s self-evaluation. To do this you need to be someone in a position of responsibility who knows the candidate’s performance and holds higher qualifications than they do, perhaps an employer or supervisor. Confirm the self-evaluation (where they have observed it) and provide comments and examples—you will also need to complete a *Workplace Representative Form*.  **After candidates have completed the self-evaluation**  Copy the completed tables and *Workplace Representative Form* for your records, and give a copy to the assessor on the date agreed in the *RPL Assessment Plan*. |

Top of Form

| **Candidate self-evaluation for Cluster 1—Children’s health and safety** | | | |
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| Units of competency:   * *CHCECE002 Ensure the health and safety of children* (core unit) * *CHCECE004 Promote and provide healthy food and drinks* (core unit) * *HLTWHS001 Participate in work health and safety* (core unit)   Go to your *Candidate Guide* to see a brief description of the above units. The full text of the units can also be viewed at [www.training.gov.au](http://www.training.gov.au) | | | |
| Candidate’s name |  | **Date completed** |  |

Bottom of Form

| Workplace tasks related to Cluster 1—Children’s health and safety | I do the workplace task… | | | Evidence and examples | | Confirmation by workplace representative - please tick and initial if candidate can do the task |
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| …very well *I’m sure I can do the task* | …quite well *I think I can do the task* | …no, or not well *I don’t (or can’t) do the task* | Candidates *may* attach documents as evidence of workplace tasks—if so, add the document number   Candidates who can do the workplace task—give brief examples below of how you do this at work  | Document number |
| 1. Providing a clean and safe environment for children |  |  |  |  |  |  |
| 1. Recognising and responding to signs of illness of children, including signs and symptoms of asthma and anaphylaxis |  |  |  |  |  |  |
| 1. Reading and interpreting medical, food and safety-related information |  |  |  | For example, authorisation forms, medication labels, medical management plans and food labels. |  |  |
| 1. Developing children’s awareness of safety |  |  |  |  |  |  |
| 1. Planning and providing food and drink to children in line with healthy eating guidelines |  |  |  |  |  |  |
| 1. Engaging children by involving them in menu planning and assisting in meal preparation |  |  |  |  |  |  |
| 1. Applying safe work practices in an early childhood education and care service |  |  |  |  |  |  |
| 1. Contributing to work health and safety (WHS) processes in an early childhood education and care service |  |  |  | For example, participating in safety meetings or inspections, conducting risk assessments, identifying and reporting hazards. |  |  |
| Candidate’s signature (In signing this form you are verifying that information you have provided is true and correct.) | | | |  | | |

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| Workplace representative’s comments for Cluster 1—Children’s health and safety Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. Note: You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate. | | | |
|  | | | |
| Workplace representative’s name |  | **Workplace title** |  |
| Workplace representative’s signature |  | **Date** |  |

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| THE FOLLOWING SECTION IS FOR OFFICE USE ONLY |
| Instructions to assessors  Assessors must consider the evidence provided. This first step in the RPL assessment process will contribute to evidence of the candidate’s competency, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the units of competency assessment requirements. Assessors should advise the candidate of the units to be considered in the competency conversation interview or other assessments. |

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| Assessor’s comments re Cluster 1—Children’s health and safety (Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation and evidence below.) | | | |
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| Assessor’s name |  | | |
| Assessor’s signature |  | **Date** |  |

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| **Candidate self-evaluation for Cluster 2—Workplace effectiveness** | | | |
| Units of competency:   * *CHCCS400C Work within a relevant legal and ethical framework* (core unit) * *CHCECE009 Use an approved learning framework to guide practice* (core unit) * *CHCPRT001 Identify and respond to children and young people at risk* (core unit) * *CHCORG303C Participate effectively in the work environment* (elective unit)   Go to your *Candidate Guide* to see a brief description of the above units. The full text of the units can also be viewed at [www.training.gov.au](http://www.training.gov.au) | | | |
| Candidate’s name |  | **Date completed** |  |

| Workplace tasks related to Cluster 2—Workplace effectiveness | I do the workplace task… | | | Evidence and examples of applying workplace tasks | | Confirmation by workplace representative - please tick and initial if candidate can do the task |
| --- | --- | --- | --- | --- | --- | --- |
| …very well *I’m sure I can do the task* | …quite well *I think I can do the task* | …no, or not well *I don’t (or can’t) do the task* | Candidates *may* attach documents as evidence of workplace tasks—if so, add the document number   Candidates who can do the workplace task—give brief examples below of how you do this at work  | Document number |
| 1. Contributing to the objectives of an early childhood education and care service |  |  |  |  |  |  |
| 1. Cooperating with individuals and work groups in an early childhood education and care service |  |  |  |  |  |  |
| 1. Understanding and following your own work roles and responsibilities in an early childhood education and care service |  |  |  |  |  |  |
| 1. Following organisational policies, protocols and procedures in an early childhood education and care service |  |  |  |  |  |  |
| 1. Working within ethical frameworks in an early childhood education and care service |  |  |  |  |  |  |
| 1. Addressing duty of care requirements in an early childhood education and care service |  |  |  |  |  |  |
| 1. Providing children with opportunities to maximise their potential and develop a foundation for their future success |  |  |  |  |  |  |
| 1. Working with others to implement an approved learning framework in an early childhood education and care service |  |  |  | Please make sure you name the approved framework/s. |  |  |
| 1. Investigating and documenting pedagogical practices in an early childhood education and care service |  |  |  | Go to <http://deewr.gov.au/early-years-learning-framework> if you need more information on pedagogical practices. |  |  |
| 1. Implementing work practices that support the protection of children and young people |  |  |  | This includes knowing the procedures for reporting children at risk. |  |  |
| Candidate’s signature (In signing this form you are verifying that information you have provided is true and correct.) | | | |  | | |

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| Workplace representative’s comments for Cluster 2—Workplace effectiveness Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. Note: You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate. | | | |
|  | | | |
| Workplace representative’s name |  | **Workplace title** |  |
| Workplace representative’s signature |  | **Date** |  |

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| Assessor’s comments re Cluster 2—Workplace effectiveness (Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation below.) | | | |
|  | | | |
| Assessor’s name |  | | |
| Assessor’s signature |  | **Date** |  |

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| **Candidate self-evaluation for Cluster 3—Play and development** | | | |
| Units of competency:   * *CHCECE007 Develop positive and respectful relationships with children* (core unit) * *CHCECE010 Support the holistic development of children in early childhood* (core unit) * *CHCECE011 Provide experiences to support children’s play and learning* (core unit) * *CHCECE013 Use information about children to inform practice* (core unit) * *CHCECE006 Support behaviour of children and young people* (elective unit)   Go to your *Candidate Guide* to see a brief description of the above units. The full text of the units can also be viewed at [www.training.gov.au](http://www.training.gov.au) | | | |
| Candidate’s name |  | **Date completed** |  |

| Workplace tasks related to Cluster 3—Play and development | I do the workplace task… | | | Evidence and examples of applying workplace tasks | | Confirmation by workplace representative - please tick and initial if candidate can do the task |
| --- | --- | --- | --- | --- | --- | --- |
| …very well I’m sure I can do the task | …quite well I think I can do the task | …no, or not well I don’t (or can’t) do the task | Candidates *may* attach documents as evidence of workplace tasks—if so, add the document number   Candidates who can do the workplace task—give brief examples below of how you do this at work  | Document number |
| 1. Interacting effectively with children to support their holistic development and learning |  |  |  |  |  |  |
| 1. Involving and encouraging children in decision-making and planning |  |  |  |  |  |  |
| 1. Creating a safe environment that allows for individual and collaborative experiences |  |  |  | For example, organising equipment and resources indoors and outdoors. |  |  |
| 1. Guiding and facilitating the play and learning experiences of individual children |  |  |  |  |  |  |
| 1. Providing a variety of experiences and environments to stimulate children and support their development |  |  |  |  |  |  |
| 1. Encouraging children to respect similarities and differences between each other |  |  |  |  |  |  |
| 1. Communicating issues and negotiating solutions with your supervisor |  |  |  |  |  |  |
| 1. Using appropriate support techniques to guide the behaviour of children or young people |  |  |  |  |  |  |
| 1. Assessing and responding appropriately to behaviours of concern |  |  |  |  |  |  |
| 1. Using judgement on when to involve other staff for supported intervention, and discussing children's behaviours with others to plan and problem-solve |  |  |  |  |  |  |
| 1. Maintaining the rights and dignity of children when guiding their behaviour |  |  |  |  |  |  |
| 1. Using a range of methods to observe, record and analyse information about children (including behaviours requiring support) |  |  |  |  |  |  |
| 1. Using information gathered about children to contribute to program planning in an early childhood education and care service |  |  |  |  |  |  |
| Candidate’s signature (In signing this form you are verifying that information you have provided is true and correct.) | | | |  | | |

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| Workplace representative’s comments for Cluster 3—Play and development Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. Note: You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate. | | | |
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| Workplace representative’s name |  | **Workplace title** |  |
| Workplace representative’s signature |  | **Date** |  |

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| Assessor’s comments Cluster 3—Play and development (Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation below.) | | | |
|  | | | |
| Assessor’s name |  | | |
| Assessor’s signature |  | **Date** |  |

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| **Candidate self-evaluation for Cluster 4—Physical and emotional wellbeing** | | | |
| Units of competency:   * *CHCECE003 Provide care for children* (core unit) * *CHCECE005 Provide care for babies and toddlers* (core unit)   Go to your *Candidate Guide* to see a brief description of the above units. The full text of the units can also be viewed at [www.training.gov.au](http://www.training.gov.au) | | | |
| Candidate’s name |  | **Date completed** |  |

| Workplace tasks related to Cluster 4—Physical and emotional wellbeing | I do the workplace task… | | | Evidence and examples of applying workplace tasks | | Confirmation by workplace representative - please tick and initial if candidate can do the task |
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| …very well I’m sure I can do the task | …quite well I think I can do the task | …no, or not well I don’t (or can’t) do the task | Candidates *may* attach documents as evidence of workplace tasks—if so, add the document number   Candidates who can do the workplace task—give brief examples below of how you do this at work  | Document number |
| 1. Providing care and responding appropriately to children |  |  |  |  |  |  |
| 1. Promoting physical activity to children and engaging them in discussions about physical health and wellbeing |  |  |  |  |  |  |
| 1. Supporting children through transition and change |  |  |  |  |  |  |
| 1. Providing care to babies and toddlers using safe and hygienic practices |  |  |  |  |  |  |
| 1. Developing nurturing and securely attached relationships with babies and toddlers |  |  |  |  |  |  |
| 1. Supporting the learning of babies and toddlers |  |  |  |  |  |  |
| Candidate’s signature (In signing this form you are verifying that information you have provided is true and correct.) | | | |  | | |

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| Workplace representative’s comments for Cluster 4—Physical and emotional wellbeing Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. Note: You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate. | | | |
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| Workplace representative’s name |  | **Workplace title** |  |
| Workplace representative’s signature |  | **Date** |  |

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| THE FOLLOWING SECTION IS FOR OFFICE USE ONLY |
| Instructions to assessors  Assessors must consider the evidence provided. This first step in the RPL assessment process will contribute to evidence of the candidate’s competency, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the units of competency assessment requirements. Assessors should advise the candidate of the units to be considered in the competency conversation interview or other assessments. |

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| Assessor’s comments re Cluster 4—Physical and emotional wellbeing (Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation below.) | | | |
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| Assessor’s name |  | | |
| Assessor’s signature |  | **Date** |  |

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| **Candidate self-evaluation for Cluster 5—Culture and community** | | | |
| Units of competency:   * *CHCECE001 Develop cultural competence* (core unit) * *HLTHIR404D Work effectively with Aboriginal and/or Torres Strait Islander people* (core unit) * *HLTHIR403C Work effectively with culturally diverse clients and co-workers* (elective unit)   Go to your *Candidate Guide* to see a brief description of the above units. The full text of the units can also be viewed at [www.training.gov.au](http://www.training.gov.au) | | | |
| Candidate’s name |  | **Date completed** |  |

| Workplace tasks related to Cluster 5—Culture and community | I do the workplace task… | | | Evidence and examples of applying workplace tasks | | Confirmation by workplace representative - please tick and initial if candidate can do the task |
| --- | --- | --- | --- | --- | --- | --- |
| …very well I’m sure I can do the task | …quite well  I think I can do the task | …no, or not well I don’t (or can’t) do the task | Candidates *may* attach documents as evidence of workplace tasks—if so, add the document number   Candidates who can do the workplace task—give brief examples below of how you do this at work  | Document number |
| 1. Reflecting on your own cultural identity and biases |  |  |  |  |  |  |
| 1. Investigating cultural diversity in an early childhood education and care service, and in a community |  |  |  |  |  |  |
| 1. Supporting cross-cultural understanding and relationships |  |  |  |  |  |  |
| 1. Interacting in culturally appropriate ways with children, families and communities |  |  |  |  |  |  |
| 1. Encouraging children to respect all cultures and to celebrate cultural differences |  |  |  |  |  |  |
| 1. Identifying and implementing culturally safe work practices |  |  |  |  |  |  |
| 1. Addressing and working to eliminate discrimination and bias in the workplace |  |  |  |  |  |  |
| 1. Forming mentoring arrangements with Aboriginal and/or Torres Strait Islander people |  |  |  |  |  |  |
| Candidate’s signature (In signing this form you are verifying that information you have provided is true and correct.) | | | |  | | |

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| Workplace representative’s comments for Cluster 5—Culture and community Please provide brief comments on whether the candidate can do the above workplace tasks, including examples you have seen if possible, and sign the form where indicated. Note: You will also be asked to complete a *Workplace Representative Form* verifying that the information you have provided is accurate. | | | |
|  | | | |
| Workplace representative’s name |  | **Workplace title** |  |
| Workplace representative’s signature |  | **Date** |  |

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| Instructions to assessors  Assessors must consider the evidence provided. This first step in the RPL assessment process will contribute to evidence of the candidate’s competency, but will not yield evidence that meets the rules of evidence (i.e. valid, sufficient, current and authentic evidence) against the units of competency assessment requirements. Assessors should advise the candidate of the units to be considered in the competency conversation interview or other assessments. |

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| Assessor’s comments re Cluster 5—Culture and community (Summarise your feedback to the candidate, or provide any other objective comments in relation to the self-evaluation below.) | | | |
|  | | | |
| Assessor’s name |  | | |
| Assessor’s signature |  | **Date** |  |

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| **Candidate Self-evaluation: Instructions for attaching documents** | |
| **Candidates should read the following instructions**  You may decide to attach documents that show you can do any of the workplace tasks you have self-evaluated.  Documents you might attach include any of the following.   * Photos relevant to work activities, video diaries * Reflective journals, diaries, workplace task or job sheets, logbooks * Early childhood education and care workplace documents (with permission and all names deleted) * References or letters from families or other clients, past employers, supervisors (with permission and all names deleted) * Workplace documents you have contributed to or written * Brief Resume or CV, position descriptions * Workplace training or professional development records * Membership of professional associations, networks or clubs * Records of hobbies or special skills and activities outside work * Workplace, industry or other awards.   However, don’t be put off if you don’t have these documents. Your assessor will help you to identify any other documentary evidence during the next steps of your RPL assessment process.  Please list any documents you attach to your *Candidate Self-evaluation Tools* on the following table. | Remember that:   * you don’t have to find documents for every workplace task—only where you can easily find these, as suggested by your assessor * ‘documents’ can include anything that supports your claim for RPL—such as paper documents, photos, videos, electronic files * one document can be evidence for more than one workplace task * make sure each document you added a number for in the *Self-evaluation Tool* is also listed in the following table, and attached * you can add extra pages to the document list if you need to * remove all confidential or sensitive information from any workplace documents you attach, to ensure privacy and confidentiality * if you think it will help the assessor to know the document is your work, you might get your workplace supervisor or other suitable person to write this on the document and sign it.   Please sign the declaration at the end of this form to verify that the information you have provided is true and correct.  ***Remember to make (and keep) a copy of your self-evaluation tools and all documents before giving them to the assessor.*** |

| **Candidate Self-evaluation: List of Attached Documents** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Document number | Document title or brief description (e.g. type of document, purpose, date, author) *e.g. ‘Letter from parent of toddler leaving the service, thanking me for my work in supporting him during his time there, June 2012 (names erased).’* | | Unit cluster or clusters  *e.g. ‘Cluster 4—Physical and emotional wellbeing’* | Workplace task number or numbers *e.g. ‘Task 36’ (Developing nurturing and securely* *attached relationships with toddlers…)* | | Is it attached? | |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
|  |  | |  |  | | Yes | No |
| **Candidate’s declaration: The information I have provided is accurate and truthful; and (unless stated) the attached documents are my own work.** (Sign to indicate you agree with the declaration, and have your signature witnessed by your workplace representative.) | | | | | | | |
| **Candidate’s name** | |  | **Witness’s name/title** | |  | | |
| **Candidate’s signature** | |  | **Witness’s signature** | |  | | |
| **Date** | |  | **Date** | |  | | |