

**TRAFFIC CONTROLLER
RPL/RECERTIFICATION PARTICIPANT COMPETENCY RECORD**

**RIIWH302D IMPLEMENT TRAFFIC MANAGEMENT PLAN
RIICOM201D COMMUNICATE IN THE WORKPLACE
RIIWH201D WORK SAFELY AND FOLLOW WHS POLICIES AND PROCEDURES**

Student Name:		
Candidate to read questions and tick box if agreed.		Please tick
• Do you understand what evidence is to be collected?		
• Has the assessment process been explained to you?		
• Have you been provided a copy of the student handbook which includes details about rights and the appeal plus many more policies of TCP		
<p>I certify that the work submitted is my own work. I understand that plagiarism or deliberately submitting fraudulent information is grounds for disciplinary action which may include:</p> <ul style="list-style-type: none"> • A not yet competent mark • Resubmission of assessment and evidence • And/or removal from the recertification process <p>I, the student do agree to undertake this assessment in the knowledge that the information gathered will only be used as evidence for assessment purposes to deem competency, review, compliance and continuous improvement purposes.</p> <p>I agree to submit the completed assessment tasks and required evidence as directed by the assessor.</p> <p>I acknowledge and give permission for TCP Training to retain copies of completed assessment tasks in my personal file.</p> <p>Student Name:</p> <p>Signature: Date:</p>		

OFFICE USE ONLY		
Evidence submitted and maintained on file.	Yes	No
Has the Statement of Completion (SOC) been issued to participant:	Yes	No
SOC Number : _____		

ASSESSOR USE ONLY
RPL/ RECERTIFICATION ASSESSMENT EVIDENCE COLLECTION SHEET

ASSESSOR USE ONLY RPL/ RECERTIFICATION ASSESSMENT EVIDENCE COLLECTION SHEET			
Type of Evidence Collected (Minimum of 6 pieces of evidence must be collected and verified by the assessor)	Received	Satisfactory	Unsatisfactory
The following 4 items MUST be submitted			
Assessment Questions			
Certified copies of existing/expired cards			
3rd Party Report			
Logbook Entries			
In addition please select another 2 forms of evidence			
Employer's Declaration of Industry Experience			
Workplace Samples e.g. Traffic Control Plans			
Safe Work Method Statements (SWMS)			
Video or photo evidence of task completion onsite			
Principles of Assessment:			
Validity <input type="checkbox"/> Reliability <input type="checkbox"/> Flexibility <input type="checkbox"/> Fairness <input type="checkbox"/>			
Rules of Evidence (Evidence Collected)			
Sufficient <input type="checkbox"/> Valid <input type="checkbox"/> Authentic <input type="checkbox"/> Current <input type="checkbox"/>			
Did the student's overall performance meet the required standards?		Yes	No
COMPETENT <input type="checkbox"/>		NOT COMPETENT <input type="checkbox"/>	
I confirm the skills and knowledge and all evidence submitted to me meets all relevant rules of evidence and meets the requirements for this course.			
Assessor Name:.....			
Signature:.....		Date:.....	
Comments:			