

# Installation & Maintenance Electrician Experienced Worker Assessment: Candidate Background

If you feel the Installation & Maintenance Electrician Experienced Worker Assessment (IE/ME EWA) is the right route for you, once you have completed your Skills Scan self assessment, please complete the form below. You will need to send this, and a copy of your Skills Scan, to your chosen training provider. A follow-up discussion will be arranged to review and verify the information you supply in order to agree the level of support you'll need to complete the EWA and the price.

| CANDIDATE DETAILS      |
|------------------------|
| Candidate Name:        |
| Contact Number: Email: |
| EMPLOYER DETAILS       |
| Employer Name:         |
| Address:               |
|                        |
| Postcode:              |
| Employer Contact Name: |
| Contact Number: Email: |

#### WORK HISTORY AND PRIOR EXPERIENCE

Outline of current job role:

#### WORK HISTORY AND PRIOR EXPERIENCE

**Work related courses or qualifications** (e.g. safety, abrasive wheels, first aid, PASMA, related technical certificates etc.):

**Summary of previous roles & responsibilities relevant to the EWA** (including nature and context of electrical work undertaken. You may provide supporting or additional material if you need to expand on this section):

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**WORK HISTORY DETAILS:** brief description of projects you were involved in with approximate start and finish dates (relevant to the assessment criteria):

| Employer:                             | Role:               |
|---------------------------------------|---------------------|
| Contact Tel:                          | Contact Email:      |
| Company member of a CPS? If so which: |                     |
| Project/Job location:                 | Start/Finish Dates: |
| Details:                              |                     |
|                                       |                     |
|                                       |                     |
| Employer:                             | Role:               |
| Contact Tel:                          | Contact Email:      |
| Company member of a CPS? If so which: |                     |
| Project/Job location:                 | Start/Finish Dates: |
| Details:                              |                     |
|                                       |                     |
|                                       |                     |
| Employer:                             | Role:               |
| Contact Tel:                          | Contact Email:      |
| Company member of a CPS? If so which: |                     |
| Project/Job location:                 | Start/Finish Dates: |
| Details:                              |                     |
|                                       |                     |
|                                       |                     |

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### ADDITIONAL CANDIDATE COMMENTS

Please note any additional comments related to your application:

## EMPLOYER SUPPORTIVE COMMENTS (optional)

| Opportunity for employer to comment on candidate's strengths and abilities:  |  |  |
|--|--|--|
|  |  |  |
| FOR TRAINING PROVIDER USE *(delete as required)  |  |  |
| Does the candidate hold relevant L2 qualifications that have been verified? Yes: No:   |  |  |
| Does the candidate hold relevant L3 qualifications that have been verified? Yes: No: A technical discussion has been carried out and has been Recorded/Documented* for EQA purposes? Yes: No: No:  |  |  |
| DECLARATION OF SUITABILITY FOR INSTALLATION/MAINTENANCE ELECTRICIAN EXPERIENCED WORKER   |  |  |
| <b>ASSESSMENT:</b> The following should be completed by the candidate and training provider following a review of the candidate's knowledge and experience, and retained by the training provider: |  |  |
| <b>Learner Declaration:</b> I declare the information within this form and my Skills Scan to be a true representation of my understanding and experience:  |  |  |
| Name: Signature: Date:   |  |  |
| <b>Assessor Declaration:</b> I confirm I have authenticated the applicant's knowledge and experience and it meets IE/ME EWA registration requirements:   |  |  |

| Signature:    | Name: |
|---------------|-------|
| Organisation: | Date: |