***Self-Assessment Competency Form***

Please complete the following form as honestly as possible. Verification of your answers will be assessed by a DGL Supervisor.

Please use a scale of 0 -10 when Self Assessing where 0 Unskilled/Unsure and 10 is Highly Skilled and Experienced

Name Enter Name

Date Completed Enter Date Completed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Task/Tool | | | Self-Assessment | DGL Comment |
| Operation of Electric Drill | | | Rating | Rating |
| Operation of Electric Circular Saw | | | Rating | Rating |
| Formwork Construction | | | Rating | Rating |
| Use of a Trowel/Finishing tools | | | Rating | Rating |
| Use of Jackhammer | | | Rating | Rating |
| Operation of Concrete Coring Equipment | | | Rating | Rating |
|  | | |  |  |
| Operation of hand held Grout Mixer | | | Rating | Rating |
| Mixing and installation of Epoxy based Grouts | | | Rating | Rating |
| Mixing and installation of Cement based Grouts | | | Rating | Rating |
| Spraying of Cement based products | | | Rating | Rating |
| Use air Airless Spray Painting Equipment | | | Rating | Rating |
| Operation of Putzmeister SP11 | | | Rating | Rating |
|  | | |  |  |
|  | | |  |  |
|  | | |  |  |
| Date of DGL Assessment | Name | Enter Name. | | Enter Date. |