 

Assessment of Professional Competence (APC) Mark Sheet

Please attach photo

Name of Candidate:

Membership Number: Age:

Name of Company/Firm:

Previously Referred: ❑ Yes ❑ No

Membership Route:

Professional Group:

Pathway:

**For Panel use only. Do not write beneath this line.**

Final Assessment (this form should be completed by all 3 panel members)

|  |  |  |
| --- | --- | --- |
| **Overall Assessment** | **Refer** | **Pass** |
| Training and Experience |  |  |
| Summary of Experience |  |  |
| PQSL |  |  |
| Critical Analysis |  |  |
| Record of Progress |  |  |
| Presentation |  |  |
| Interview |  |  |

Overall result: **Pass/Refer** (delete as appropriate)

Chairman (BLOCK CAPITALS):

Signature: Date:

Assessor: Assessor: