

## 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: \_\_\_\_\_