

## People Handling Practical Skills Form for Training Assessment/Workplace Supervision

Trainee's Name: \_\_\_\_\_

Assessor's Name: \_\_\_\_\_

Training Assessment/Workplace Supervision

Date(s): \_\_\_\_\_  
\_\_\_\_\_

Brief description of assessed/supervised task:

1	
2	
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Assessor's Comments

Trainee's Comments

Agreed Action Plan for Future Assessments/Supervisions

Trainee's Signature \_\_\_\_\_

Assessor's Signature \_\_\_\_\_