



This form should be used for all long- and short-leeting exercises.

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LONG/SHORT* LEETING ASSESSMENT SUMMARY			
Post:			
Candidate:			
Date of Review:		_	
Reviewers:			
* (Delete as appropriate)			
Assessment Criteria			
Criteria		Meets Essential	Meets Desirable
1. Knowledge			
2. Skills			
3. Experience (occupational min)			
4. Education & Training			

5. Personal Qualities

6. Special Aptitude

Summary Comments Supporting Recommendation