



# Electrotechnical Experienced Worker Assessment: **Candidate Background**

If you feel the Experienced Worker Assessment (EWA) is the right route for you, once you have completed your Skills Scan self assessment, please complete the form below. You will need to send this, and a copy of your Skills Scan, to your chosen training provider. A follow-up discussion will be arranged to review and verify the information you supply in order to agree the level of support you'll need to complete the EWA and the price.

## CANDIDATE DETAILS

Candidate Name:

Contact Number:  Email:

## EMPLOYER DETAILS

Employer Name:

Address:

Postcode:

Employer Contact Name:

Contact Number:  Email:

## TECHNICAL QUALIFICATIONS HELD (please list any technical qualifications you believe are relevant which you have not already included in the Skills Scan - you will need to provide evidence of any certificates you list)

Qualification Title:

Qualification Number:  Date:

Qualification Title:

Qualification Number:  Date:

Qualification Title:

Qualification Number:  Date:

## WORK HISTORY AND PRIOR EXPERIENCE

**Outline of current job role:**

**Work related courses or qualifications** (e.g. safety, abrasive wheels, first aid, PASMA, related technical certificates etc.):

**Summary of previous roles & responsibilities relevant to the EWA** (including nature and context of electrical work undertaken. You may provide supporting or additional material if you need to expand on this section):

**WORK HISTORY DETAILS:** brief description of projects you were involved in with approximate start and finish dates (relevant to the assessment criteria):

Employer:  Role:

Project/Job location:  Start/Finish Dates:

**Details:**

Employer:  Role:

Project/Job location:  Start/Finish Dates:

**Details:**

Employer:  Role:

Project/Job location:  Start/Finish Dates:

**Details:**

Employer:  Role:

Project/Job location:  Start/Finish Dates:

**Details:**

**ADDITIONAL CANDIDATE COMMENTS**

**Please note any additional comments related to your application:**

**EMPLOYER SUPPORTIVE COMMENTS** (optional)

**Opportunity for employer to comment on candidate's strengths and abilities:**

**DECLARATION OF SUITABILITY FOR EXPERIENCED WORKER ASSESSMENT** The following should be completed by the candidate and training provider following a review of the candidate's knowledge and experience, and retained by the training provider:

**Learner Declaration:** I declare the information within this form and my Skills Scan to be a true representation of my understanding and experience:

Name:  Signature:  Date:

**Assessor Declaration:** I declare the learner has met the threshold understanding and experience to enter the EWA:

Name:  Signature:  Date: