



Third Party Evidence Template

Vehicle Safety Compliance Certification Scheme J&P (VSCCS J&P)

Purpose

The Vehicle Safety Compliance Certification Scheme J&P licenses competent individuals to certify heavy vehicle modifications involving body fit and tow couplings/fifth wheels (also known as J & P code modifications).

has identified you as a suitable person, for the purpose of assessing workplace-based performance.

By participating in this evidence gathering exercise you agree that you have observed the applicant in a workplace environment performing heavy vehicle repair, fabrication and modification operations, including housekeeping, procedural awareness, use of information technology and customer service.

Applicant name

Supervisor name

Areas of competency

- Selecting and using appropriate equipment, materials, processes and procedures
- Recognising limitations and seeking timely advice
- Referring problems outside area of responsibility to appropriate person
- Planning own work requirements, setting own work program and managing time to ensure tasks are completed on time
- Following workplace documentation, such as codes of practice or operating procedures
- Operating diagnostic and test equipment
- Performance testing of components, systems and equipment
- Using tools and equipment efficiently and safely
- Storing and caring for components, parts, tools, test equipment and support equipment
- Using business technology to collect, analyse and provide information
- Practical application, knowledge and understanding of VSB 6, and Australian Design Rules in regard to heavy vehicle modifications

As part of the assessment for competency, we are seeking evidence to support a judgement about the candidate's competence. Roads and Maritime requires reports from the supervisor and/or other people who work closely with the candidate.

Name of workplace

Address

Postcode

Phone

Date of assessment

 / /
day month year

Procedure

Observation of the candidate in heavy vehicle repair, fabrication and modification operations, including housekeeping, procedural awareness, use of information technology and customer service

Do you understand which evidence/tasks the candidate has provided/performed that you are required to comment on?

Yes

No

Are you aware that the candidate will see a copy of this form?

Yes

No

Are you willing to be contacted should further verification of this statement be required?

Yes

No

What is your relationship to the candidate?

How long have you worked with the candidate?

How closely do you work with the candidate in the area being observed?

What is your technical experience and/or qualification(s) in the area being assessed? (Include any assessment or training qualifications)

Observed evidence

- 1. **During the demonstration of skills, did the candidate:
Select and use appropriate equipment, materials, processes and procedures?**
Yes
No
N/A

- 2. **Assist with housekeeping procedures in the workshop?**
Yes
No
N/A

- 3. **Recognise limitations and sought timely advice?**
Yes
No
N/A

- 4. **Referring problems outside of area of responsibility to appropriate person?**
Yes
No
N/A

- 5. **Plan their own work requirements, setting own work program and managing time to ensure tasks are completed on time?**
Yes
No
N/A

- 6. **Follow workplace documentation, such as codes of practice or operating procedures (VSB 6) (Code of Practise for the Approval of Heavy Vehicle Modifications)**
Yes
No
N/A

- 7. **Operate diagnostic and test equipment?**
Yes
No
N/A

- 8. **Perform testing of components, systems and equipment?**
Yes
No
N/A

- 9. **Use tools and equipment efficiently and safely?**
Yes
No
N/A

- 10. **Carry out the required calculations accurately?**
Yes
No
N/A

11. **Use information technology to collect, analyse and provide information?**

- Yes
- No
- N/A

12. **Apply customer service procedures and policies when dealing with clients?**

- Yes
- No
- N/A

The candidate's performance was:

- Not Satisfactory
- Satisfactory

Feedback to candidate

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Any other comments

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Candidate's signature

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Date

/ /
day month year

Supervisor's signature

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Date

/ /
day month year