

**ELECTRICAL WORKERS REGISTRATION BOARD**

[Type EW category here]

Assessment workbook

ASSESSMENT

## [Type EW category here]

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CANDIDATE TO COMPLETE** | | | | | | |
| **Name:** | | | | | | |
|  | | | | | | |
| **Postal address:** | | | **Phone number:** | | | |
|  | | |  | | | |
| **Registration number:** | | | | | | |
|  | | | | | | |
| **TRAINER TO COMPLETE** | | | | | | |
| **Photo ID reference:** | | | | | | |
|  | | | | | | |
| **Known to trainer (trainer to sign):** | | | | | | |
|  | | | | | | |
| **E-learning certificate sighted:** | | | | | | |
|  | | | | | | |
| **BFA and CPR provider:** | | | | | | |
|  | | | | | | |
| **Certificate type:** | | | | | | |
|  | | | | | | |
| **Certificate sighted:** | | | **CPR level 2:** | | | |
| **(trainer to sign)** | | | **(trainer to sign)** | | | |
|  | | |  | | | |
|  | | | | | | |
| **OUTCOME:** | | | | | | |
| **Trainer’s name** | | **Signature** | | | | **Date** |
|  |  |  | |  |  | |
| **Candidate’s name** | | **Signature** | | | **Date** | |
|  |  |  | |  |  | |

## Written assessment

[Copy and paste questions from the document *Assessment Question Bank* to create your own assessment book.]