



Form 2: Notification of AFSAB Assessment Results



PART 1: Candidate Details

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>
Email:	<input type="text"/>		
Jurisdiction:	<input type="text"/>		
Discipline:	<input type="text"/>		

PART 2: Assessor Details

Jurisdictional Contact:	<input type="text"/>		
Assessor 1:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Assessor 2:	<input type="text"/>	Jurisdiction:	<input type="text"/>
Assessor 3:	<input type="text"/>	Jurisdiction:	<input type="text"/>

PART 3: Results

	Date of Assessment	Candidate Competent	Recommendation to progress	Notification to jurisdictional contact	Notification Date
WRITTEN	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
PRACTICAL	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
ORAL	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

PART 4: Feedback

Feedback received (candidate specific if appropriate):

PART 4: AFSAB Chair Recommendation and Signature

Certification Approved: ☐ Yes ☐ No

Comments and Certification Recommendation:

<input type="text"/>	<input type="text"/>	<input type="text"/>
AFSAB Chair Name	AFSAB Chair Signature	Date

PART 5: ANZFEC Member Acknowledgment

Notification of results acknowledged: ☐ Yes

Comments:

<input type="text"/>	<input type="text"/>	<input type="text"/>
ANZFEC Member Name	ANZFEC Member Signature	Date