



# Form 2: Notification of AFSAB Assessment Results



## PART 1: Candidate Details

Family Name:  Given Name:

Email:

Jurisdiction:

Discipline:

## PART 2: Assessor Details

Jurisdictional Contact:

Assessor 1:  Jurisdiction:

Assessor 2:  Jurisdiction:

Assessor 3:  Jurisdiction:

## PART 3: Results

	Date of Assessment	Candidate Competent	Recommendation to progress	Notification to jurisdictional contact	Notification Date
<b>WRITTEN</b>	<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"/>
<b>PRACTICAL</b>	<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"/>
<b>ORAL</b>	<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:

AFSAB Chair Name       AFSAB Chair Signature       Date

## PART 5: ANZFEC Member Acknowledgment

Notification of results acknowledged:  Yes

Comments:

ANZFEC Member Name       ANZFEC Member Signature       Date