


9420 Automotive Apprenticeship Candidate's Job Card

| | | | | | | |
|---|---|--|--|--|--|--|
| Candidate name : Date: Place of work: and or garage stamp | Vehicle Make:..... Model: Registration No:..... | Details of Work activity <div style="text-align: right; border: 1px solid black; padding: 2px; width: 40px; height: 40px; margin: 0 auto;">  </div> | | | | |
| units worked on: | | <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> | | | | |
| | | | | | | |

| | | |
|--|--|---|
| Job details: how you tackled the work (removal, replacement, diagnostic and test) | Health/Safety, relationship & times | ✓ |
| | Selected and used correct PPE | |
| | Communicated effectively | |
| | Maintained positive working relationships | |
| | Identified hazards | |
| | Maintain environmental/sustainability | |
| | Completed within agreed timescales | |
| Technical data/equipment/readings | | |

| | | |
|--|--|---|
| Assessor's Feedback & SMART target <i>(LTS to complete)</i> | Assessor's Functional Skills Feedback | testing methods and test data recorded |
|--|--|---|

| | | | | | | | | | | | | |
|---------------------|-------|---|--|-----|--|--|--|--|--|--|--|--|
| Candidate Signature | Date: | I confirm the work carried out on the evidence provided is my own work | Additional under pinning question numbers | PRN | | | | | | | | |
| Witness Signature | Date: | I confirm in signing this, the work carried out is that of the candidate and meets the required standards | <table border="1" style="width: 100%; height: 30px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> | | | | | | | | | |
| | | | | | | | | | | | | |
| Assessor Name: | | Assessor Signature | Date | | | | | | | | | |