

REFERENCE NUMBER :	<b>DRV</b>			<b>0</b>	<b>4</b>	<b>5</b>	<b>6</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>		
--------------------	------------	--	--	----------	----------	----------	----------	--	--	--	----------	----------	----------	----------	--	--

to be filled-out by the Processing Officer

### Self -Assessment Guide

Qualification:	<b>DRIVING NC II</b>		
Project :	<b>DRIVE LIGHT VEHICLE</b>		
Unit/s of Competency:	<ul style="list-style-type: none"> <li>• <b>CARRY OUT MINOR VEHICLE MAINTENANCE AND SERVICING</b></li> <li>• <b>DRIVE LIGHT VEHICLE</b></li> <li>• <b>OBEY AND OBSERVE TRAFFIC RULES AND REGULATIONS</b></li> <li>• <b>IMPLEMENT AND COORDINATE ACCIDENT-EMERGENCY PROCEDURES</b></li> </ul>		
<b>Instruction:</b>			
<ol style="list-style-type: none"> <li>1. Read each of the questions in the left-hand column of the chart</li> <li>2. Place a check in the appropriate box opposite each question to indicate your answer.</li> </ol>			
<b>Can I?</b>	<b>YES</b>	<b>NO</b>	
• Perform vehicle maintenance and minor servicing			
• Perform light vehicle pre-starting and warm up			
• Drive light vehicle			
• Obey and observe traffic rules and regulation			
• Practice road courtesy			
• Implement and coordinate accident emergency procedures			
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.			
<hr style="width: 50%; margin: 0 auto;"/> <b>Candidate's Name &amp; Signature</b>		<b>Date:</b>	

Evaluated by:	<b><u>ANNA LIZZA C. DECENA</u></b> AC Manager	<input type="checkbox"/> Qualified for Assessment
Date:		<input type="checkbox"/> Not yet Qualified for Assessment