

For the purpose of obtaining the Industrial Construction Crew Supervisor (ICCS) Occupation Certificate, the Apprenticeship and Industry Training Board (board) recognizes some individuals may have gained practical experience and completed training that is equivalent to the Board-approved supervisor/leadership training for certification. In order to provide the opportunity for these people to obtain an ICCS Occupation Certificate, the board has recognized the attached *Employer Assessment of Competency*. This is to be used by an employer to verify an industrial construction work crew supervisor working in industrial facilities has demonstrated the competencies required for the ICCS Certificate.

The certificate is available to people who work in the industrial construction industry and supervise a crew of skilled construction workers (each crew has about 8-12 people) engaged in the construction or maintenance of industrial plant facilities. Therefore the competencies described must be taken in the context of the scope of work for which the supervisor has responsibility. For example, the scope of quality control and inspection duties for a Labourer Foreman may vary from that of an Electrical Foreman but each would qualify for the certificate if they are performing their supervisory duties competently for the trade they have responsibility for supervising.

The *Employer Assessment of Competency* is to be completed by both the candidate's immediate supervisor AND a senior company official with signing authority. A previous or Canadian non-Alberta employer should complete the form only if satisfied the candidate has demonstrated all the required competencies. If submitting an assessment from a previous employer, the candidate must have been employed with that employer within five years of the candidate's application.

Although the completion of this assessment fulfils one certification requirement, it is important that all other criteria required to obtain the certificate are satisfied, including the successful completion of the multiple-choice written exam administered by Apprenticeship and Industry Training (AIT). For a complete description of the scope of the occupation, competency profile, and the complete application procedure please see the AIT website at www.tradesecrets.alberta.ca

Instructions

Part 1 of the *Employer Assessment of Competency* must be completed by the candidate's **immediate supervisor**. By checking 'Yes' or 'No', in the *Reply* column, the supervisor is confirming whether the applicant has demonstrated the required competencies during the period of assessment with the organization. The candidate can be considered competent when he/she is able to perform the required tasks without supervision.

Part 2 must be completed by a **senior company official with signing authority**. This official declares he/she has made inquiries of the candidate's immediate supervisor to determine the candidate is functioning at the skill level and carrying out the tasks expected of a certified person in the occupation.

The Industrial Construction Crew Supervisor Competency Profile posted on Tradesecrets should be reviewed prior to completing this assessment.

The completed *Employer Assessment of Competency* must be attached to the candidate's AIT application.

As approved by the Industrial Construction Crew Supervisor Provincial Occupational Committee

Candidate's Name: _____ Date of Birth: _____

PART 1: TO BE COMPLETED BY THE CANDIDATE'S IMMEDIATE SUPERVISOR By checking "yes" or "no", indicate in the <i>Response</i> column whether the applicant demonstrated the following competencies during the period of assessment with your organization. References to the ICCS Competency Profile available on the AIT website at www.tradesecrets.alberta.ca .	Reply Below
Documentation and Record Keeping (section 1A) Able to read, interpret and create reports and records related to crew supervision and construction project management.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal Communication (section 1B) Is an effective communicator with crew members, supervisors, clients, other trades, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Formal Communication (section 1C) Evaluates and selects the appropriate form of communication for dealing with crew members, supervisors, suppliers, customers, and other personnel associated with the worksite.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Leadership Skills (section 1D) Creates and leads an effective, cohesive team of skilled workers.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Compliance (section 2A) Has a thorough knowledge and understanding level of the legal responsibilities of the employer and the employee regarding safety, the use of materials hazardous to health or the environment, and worksite or employer specific rules and policies governing the crew and crew activities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Material and Resources (section 3A) Ensures resources required to keep the job on track and the crew working efficiently are available with minimal waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Job Quality (section 4A) Ensures jobs are done to all applicable standards.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Managing Performance (section 5A) Motivates crew members to work efficiently without waste.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervision (section 5B) Communicates all applicable rules, regulations, policies to crew members as required, and ensure that crew members are properly trained to perform their assigned tasks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of candidate's supervisor (printed): _____ Signature _____	

All information provided may be verified by Apprenticeship and Industry Training.
PART 2: EMPLOYER DECLARATION (MUST BE COMPLETED BY A SENIOR COMPANY OFFICIAL WITH SIGNING AUTHORITY):

I hereby declare I have made inquiries with the candidate's supervisor and am satisfied the candidate has demonstrated competence in performing tasks at the skill level of a certified person in the occupation.

Signature: _____	YYYY/MM/DD
------------------	------------

Employer contact information:

Print name: _____ Title/position: _____ Company/organization: _____

Address: _____ Postal code: _____

Phone number: _____ Email: _____