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SCC PRACTICAL ASSESSMENT FORM

CHAMBER OF MINES EXAMINATION COMMITTEE

Standard Reference form for the Practical Assessment section
of the Chamber of Mines Strata Control Certificate

Dear Mr / Ms _____

Your name has been put forward by a candidate for the Practical Assessment section of the COM Strata Control Certificate as a reference / mentor who can attest to the applicant's ability, character and experience as a Strata Control practitioner in training.

The Committee needs the testimony of someone who can, from personal knowledge, attest to the candidate's competency in the discipline. The Committee respectfully requests that you answer the questions below fully and with the utmost frankness.

Please take note of the following:

- As a reference, you must have personal knowledge of the candidate's practical experience.
- To maintain fairness, you may not be related to the candidate by birth or marriage.
- As a reference, the committee expects that you views which you present will be fair to both the candidate and the discipline.
- The purpose of asking you to answer these questions as a reference is the safeguard of life, health and property.
- Kindly do not communicate your evaluation answers or views with the candidate.

Note: If the form is not filled out completely, it will not be considered.

Please email this completed form by the 31st of March 2018 to the following email addresses:

omberai.Mandingaisa@angloamerican.com

patrick.mushangwe@zimplats.com

senzeni.moyo@zimplats.com



Reference Details

Reference name : _____

Telephone/cell phone number : _____

SC or COM RMC or AREC number : _____

Name of company/firm/institution : _____

Position in company/firm/institution : _____

E-mail address : _____

Candidate Details

Surname : _____

Full names : _____

Examination number : _____

Reference Section

1) In my role as reference/mentor, I confirm that the candidate has spent a minimum of 75 working shifts either in a rock engineering department or under the tutelage of a certificated rock engineering practitioner and can provide proof of this.

Yes	No
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Signature: _____

1) My contact with the candidate has been from ____/____ mm/yyyy to ____/____ mm/yyyy as a:

Supervisor / mentor	
Associate of the firm	
Other	
If "Other", please elaborate	

2) I have knowledge of the candidate's strata control work

Yes	No
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Comments: _____

3) Did or do you personally supervise the applicant's work?

Yes	No
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Comments: _____

4) On a scale of 1 to 10 (1 = very poor, 10 = excellent), please rate the candidate's ability / proficiency in the following areas (as per syllabus requirement):

Area / Aspect	1	2	3	4	5	6	7	8	9	10
Plan reading and interpretation										
Section drawing										
Identify hazardous situations in stoping										
Stope support characteristics and installation										
Identify hazardous situations in development										
Development support characteristics & installation										
Practical geology										
Monitoring										

5) If the candidate were to obtain his/her COM Strata Control Certificate and thus be eligible for employment/promotion to the level of a qualified Strata Control Practitioner, would you employ the candidate in a position of trust?

Yes	No
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Comments: _____

6) Do you have any reservations concerning this candidate that you believe needs to be brought to the attention of the Examination Committee?

Yes	No
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Comments: _____

Declaration:

I, the undersigned _____, ID no _____, hereby declare that I am satisfied that the candidate, _____, has sufficient background knowledge, adequate experience and is properly prepared to sit the Practical Assessment.

Signed at _____ on _____

Reference / Mentor