Standard Reference form for the Practical Examination of the Minerals Council Strata Control Certificate

Reference/Mentor Details

Reference/mentor name : _____

Telephone/cell phone number : _____

COM RMC or AREC number : _____

Name of company/firm/institution : _____

Position in company/firm/institution : _____

E-mail address : _____

SANIRE Branch : _____

Candidate Details

Surname : _____

Full names : _____

Telephone/cell phone number : _____

ID/Passport number : _____

SANIRE Branch : _____

Your name appears as a reference that can attest to the applicant's ability, character and experience as a Strata Control Officer in training.

The Minerals Council and SANIRE needs the testimony of those who can, from personal knowledge, attest to the candidate's competency in the discipline. The Minerals Council and SANIRE 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.
- Your views must be a true reflection of your assessment of the candidates work and ability
- To maintain fairness, you may not be related to the candidate by birth or marriage.
- As a reference, the Minerals Council and SANIRE expects that the 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.

Note: If the form is not filled out completely or not submitted with the SCO Practical Examination application on the SANIRE website, the application will not be considered.

Reference/mentor signature : _____

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

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 rock engineering work

Yes	No

Comments: _____

_____

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

Yes	No

Comments: _____

_____

4) If the candidate were to obtain his/her Minerals Council 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

Comments: _____

_____

5) 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										
Identifying hazardous situations in stoping (for Met, Coal and Massive)										
Identify hazardous situation in development (for Met, Coal and Massive)										
Identify hazardous situations for slopes (open pit)										
Rock mass classification										
Development support characteristics & installation										
Rock laboratory testing										
Practical geology										
Monitoring										

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

Comments: _____

_____

Declaration:

I, the undersigned _____ (reference/mentor), ID no _____, hereby declare that I am satisfied that the candidate, _____ (candidate name), has sufficient background knowledge, adequate experience and is properly prepared to sit the SCO Practical Examination.

Signed at _____ on _____

_____

Reference / Mentor