

APPENDIX A

Standard Candidate Reference form for the Practical Examination Assessment of the Rock Engineering Certificate

Dear Rock Engineering Practitioner / Manager / Consultant

Your name has been put forward by a candidate for the Practical Assessment Section of the Minerals Council Rock Mechanics Certificate as a reference / mentor who can attest to the applicant's ability, character and experience as a Rock Engineering 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 truthfulness.

Please take note of the following:

- As a reference, you must have personal knowledge of the candidate's practical experience.
- You must have personally reviewed and approved the candidate's portfolio of evidence.
- To maintain fairness, you may not be related to the candidate by birth or marriage.
- As a reference, the committee 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, it will not be considered.

This form may not be more than 6 months old

Please email this completed form to *the local assessment coordinator* at info@sanire.co.za before
30 September 2020

Reference Details

Reference name : _____
Telephone / cell phone number : _____
COM RMC or AREC number : _____
Name of company / institution : _____
Position in company / institution : _____
E-mail address : _____

Candidate Details

Surname : _____
Full names : _____
Identification number : _____

Reference Section

1. In my role as reference / mentor, I confirm that the candidate has spent a minimum of six months (150 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: _____

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

Direct line supervisor / mentor	
Working associate of the company / firm / institution	
Other	
If "Other", please elaborate	

3. I have knowledge of the candidate's Rock Engineering work

Yes	No
-----	----

Comments: _____

4. Did or do you personally supervise the applicant's work?

Yes	No
-----	----

Comments: _____

5. Do you declare that you have reviewed the candidate's portfolio of evidence in detail, and that you can confirm that the worked contained in the portfolio is the candidate's own, unaided work?

Yes	No
-----	----

Signature: _____

Comments: _____

6. 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, interpretation & section drawing										
Analysis of plotted geology and associated hazards										
Geotechnical data gathering, processing & analysis										
Identify hazardous issues in stope planning										
Identify hazardous issues in development planning										
Identify hazardous issues in room-&-pillar planning										
Support characteristics and support system design										
Seismic monitoring, analysis and rock burst control										
Numerical modelling and analysis										
Monitoring and instrumentation										
Report writing										
Legal Requirements in relation to the MSHA										

7. If the candidate were to obtain his/her Minerals Council Rock Mechanics Certificate and thus be eligible for employment/promotion to the level of a qualified Rock Engineering Practitioner, please rate (on a scale of 1 to 10) the candidate's readiness to function independently as a 14.1 (8) competent person on an isolated mine?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Comments: _____

8. Do you have any reservations concerning this candidate's skill ability to practice independently as a 14.1(8) competent person that you believe need to be brought to the attention of the Examination Committee?

Yes	No
-----	----

Comments: _____

Declaration:

I, the undersigned _____, ID no _____, hereby declare that I am satisfied that the candidate, _____, ID no _____, has sufficient background knowledge, adequate experience and is properly prepared to sit the Practical Assessment. The work contained in the candidates portfolio of evidence is the candidates own, unaided work.

Signed at _____ on _____

Reference / Mentor