TVET CURRICULUM DEVELOPMENT, ASSESSMENT AND CERTIFICATION COUNCIL (TVET CDACC)

MENTORING TOOL

FOR

ELECTRICAL INSTALLATION

LEVEL 5

FOREWORD

This mentoring tool has been developed by TVET Curriculum Development, Assessment and Certification Council (TVET CDACC) in partnership with trainers and industry experts in Electrical Engineering.

Mentoring relationships have demonstrated to be an excellent way of enhancing professional growth. Both the mentor and the mentee give and grow in the mentoring process. The mentee can learn valuable knowledge from the mentor's expertise and past mistakes and competencies can be strengthened in specific areas. Mentees will have the opportunity to establish valuable connections with higher level employees. The success of mentoring will depend on clearly defined roles and expectations in addition to the mentee's awareness of the benefits of participating in the mentoring program.

This mentoring tool is an assessment tool used to assess whether a mentee meets the National Occupational Standards for Electrical Installation Operator Level 5. Where there is no agreement or finite evidence as to how many times this supervised exercise should occur, both the mentor and the mentee should feel confident that the mentee has the necessary knowledge, skills and attitudes (worker behaviors) to work as an Electrical Installation Operator.

The Mentoring will facilitate the experienced mentors in the world of work to share knowledge and experiences with mentees working under them towards a mutually beneficial professional development relationship. Mentors will be helpful in building competencies of mentees in areas of practice.

DR. LAWRENCE GUANTAI, PHD
CEO/COUNCIL SECRETARY

TRAINEE (MENTEE) DETAILS

Name of Trainee (Mentee)	
Registration Code of Trainee (Mentee)	
Trainee's/mentee's Institution Details	**Name:**
	Physical & postal address:
	Phone and email address:
Date of Commencement of Mentoring Period (dd/mm/yyyy)	
Date of Completion of Mentoring Period (dd/mm/yyyy)	
Organization	**Name:**
	Physical & postal address:
	Phone and email address:

1.0 INFORMATION FOR USERS

1.1 Role of a Mentor

A **mentor** is someone who provides support and advice that empowers the mentee to achieve skills, knowledge and attitudes (worker behaviors). This may be a supervisor, manager or a worker who is an expert in a particular field.

The role of the mentor includes:

- Assisting mentee understand the organisation's requirements
- Assigning mentee tasks
- Observing mentee performance and record areas where the mentee needs improvement
- Assisting the mentee to come up with action plan for areas where he/she needs improvement

1.2 Role of Mentee

A **mentee** is a trainee who is on work placement (attachment) or is on-job training in an organization.

The role of the mentee includes:

- Completing the assessment tasks assigned by the mentor and filling out the self-assessment section
- Keeping the company's information confidential
- Being aware that he/she may be working with people from different backgrounds and cultures, so there is a need to respect those differences
- Asking for feedback and giving feedback when required.

2.0 How to use the mentoring tool

- Where a skill, knowledge or attitude is not applicable in a particular workplace, the mentee should indicate not applicable (NA)

- The mentor should ask the mentee oral questions to gauge the knowledge of the mentee
- The mentee should fill the self-assessment section upon self-evaluation
- The mentor should fill the mentor review record upon observing and evaluating the mentee
- Action plan should be filled by the mentee after agreeing with the mentor for any item assessed as needs to improve

3.0 Mentoring Period

The attachment period should be at least three months. Mentee should spend at least two thirds of the attachment in planning electrical installation work, performing electrical installation, performing testing of electrical installation, maintaining electrical system and perform electrical system breakdown maintenance. Time spent in each section/department should be documented using form in Appendix 1.

4.0 Number of Assessments

Three assessments are to be conducted using the mentoring tool: one at the beginning of the attachment where the mentor assesses the mentee to assess their initial level of competence; another assessment will be conducted at the middle of the attachment period to gauge the progress of the mentee and the third one will be conducted at the end of the attachment.

5.0 Submission of Mentoring Reports

The mentor is required to submit each of the three mentoring reports (in hard or soft copy) to the Industrial Liaison Officer of the respective institution. The Industrial Liaison Officer is required to submit to TVET CDACC offices the three mentor's summary reports (Appendix 2). The filled mentoring tools for each trainee are to be kept in the institution and made available to TVET CDACC on request.

Table of Contents

1. DEMONSTRATE COMMUNICATION SKILLS

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Leadership styles.					
2.	Communication skills					
3.	Communication flexibility					
	SKILLS **The mentee:**					
4.	Meets communication needs of clients and colleagues					
5.	Conducts interviews as per organisation's guidelines					
6.	Facilitates group discussions as per organisation's guidelines					
7.	Represents organisation as per organisation's					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	guidelines					

Note:

To be declared competent, the mentee must get:

1. 4 of the 7 (50%) items of evaluation correct and
2. Items 4, 5 and 7 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
2.		
3.		
4.		
5.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

2. DEMONSTRATE NUMERACY SKILLS

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Types of common shapes.					
2.	Formulae for calculating areas and volumes.					
3.	Types and purpose of measuring instruments.					
4.	Units of measurements and abbreviations.					
5.	Different types of tables and graphs.					
6.	Rounding techniques.					
	SKILLS **The mentee:**					
7.	Estimated, measured and calculated using metric units					
8.	Drew two dimensional shapes using geometric					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	instruments.					
9.	Estimated length of objects and distance to location applying simple scale.					
10.	Used basic functions of calculator correctly.					

Note:

To be declared competent, the mentee must get:

1. 5 of the 10 (50%) items of evaluation correct and
2. Items 7, 8, 9 and 10 correct.

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NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

3. DEMONSTRATE DIGITAL LITERACY

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Computer software and hardware					
2.	Data security and privacy					
3.	Cyber terrorism					
4.	Cyber-crimes and protection					
5.	Laws governing protection of ICT					
6.	Basic computer packages					
7.	Internet and networking					
8.	Emerging trends and issues in ICT					
	SKILLS **The mentee:**					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
9.	Identifies and controlled computer threats as per workplace procedure					
10.	Detects and protected computer crimes as per workplace procedure					
11.	Applies word processing in office tasks as per workplace procedure					
12.	Designs, prepares work sheets and applies data in accordance with workplace procedure					
13.	Opens emails for office communication as per workplace procedure					
14.	Installs internet and world wide web for office work in accordance with workplace procedure					
15.	Applies laws governing protection of ICT in accordance with existing laws					

Note:

To be declared competent, the mentee must get:

1. 8 of the 15 (50%) items of evaluation correct and
2. Items 9, 10, 11, 12 and 13 correct.

APPENDIX 1

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NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

4. DEMONSTRATE ENTERPRENUAL SKILLS

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Innovation in business					
2.	Market and feasibility studies					
3.	Public relations strategies					
4.	Product promotion strategies					
5.	Business strategic planning					
6.	Basic financial management					
7.	Basic cost-benefit analysis					
8.	Local and international market trends					
9.	Government and regulatory processes					
	SKILLS					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	The mentee:					
10.	Assesses range of alternative products and strategies as per workplace procedure					
11.	Identifies changing consumer preferences and demographics as per workplace procedure					
12.	Ensures quality consistency as per workplace procedure					

Note:

To be declared competent, the mentee must get:

1. 6 of the 12 (50%) items of evaluation correct and
2. Items 10, 11 and 12 correct.

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REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

5. DEMONSTRATE EMPLOYABILITY SKILLS

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Work values and ethics					
2.	Company policies					
3.	Fundamental rights at work					
4.	Monitoring and evaluation					
5.	Record keeping					
6.	HIV and AIDS					
7.	Drugs and substance abuse					
8.	Safe work habits					
9.	Company operations, procedures and stand-					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	ards					
10.	Personal hygiene practices					
	SKILLS **The mentee:**					
11.	Manages emotions as per workplace requirements					
12.	Evaluates and monitored individual performance according to agreed targets					
13.	Identifies self-strengths and weaknesses as per personal objectives					
14.	Abstains from drugs and substance abuse workplace policy					
15.	Communicates as per workplace policy and job requirements					
16.	Identified task requirements as per workplace objectives					
17.	Prioritizes work based on job requirements and workplace policy					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
18.	Plans and organizes work as per workplace procedures					

Note:

To be declared competent, the mentee must get:

1. 9 of the 18 (50%) items of evaluation correct and
2. Items 11, 14 and 18 correct.

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NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

6. **DEMONSTRATE ENVIRONMENTAL LITERACY**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Hazardous materials storage					
2.	Disposal methods of hazardous materials					
3.	OSHS					
4.	Solid waste management					
5.	Workplace hazards					
	SKILLS **The mentee:**					
6.	Controls environmental hazards in accordance with workplace procedure and OSHS					
7.	Controls environmental pollution in accordance with workplace procedure and OSHS					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
8.	Uses PPE according to OSHA					
9.	Monitors and reports to authorities any environmental incidents as per workplace procedure					
10.	Resolves problems based on management standard procedures					
11.	Implements and monitors environmental practices on periodic basis as per company guidelines					
12.	Employs waste management procedures according to environmental management and coordination act 1999					
13.	Practices methods of economizing resource consumption as per organization's guidelines					
14.	Complies with methods of minimizing noise pollution as per environmental regulations					
15.	Consults stakeholders as per organization's guidelines					

Note:

To be declared competent, the mentee must get:

1. 8 of the 15 (50%) items of evaluation correct and
2. Items 6, 7, 13, 14 and 15 correct.

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NAME OF MENTOR ……..…….…….…….

DESIGNATION ……..…….…….

ORGANIZATION ……..…….…….

DATE ……..…….…….…….

SIGNATURE AND STAMP ……..…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

7. DEMONSTRATE OCUPATIONAL SAFETY AND HEALTH PRACTICES

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	General OSHS principles					
2.	National OSHS principles					
3.	Occupational standards					
4.	Systematic gathering of OSH policies and protocols					
5.	Company's OSH and recording protocols, procedures and guidelines					
	SKILLS **The mentee:**					
6.	Identifies hazards/risks in the workplace and					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	its indicators as per workplace procedures					
7.	Implements procedures for maintaining OSH-related records in accordance with OSHS					
8.	Gathers OSH issues and/or concerns raised by workers as per company guidelines					
9.	Participates in in the implementation of OSH procedures and policies as per company guidelines					
10.	Identifies and implements prevention and control measures including use of PPE for specific hazards as per OSHS					

Note:

To be declared competent, the mentee must get:

1. 5 of the 10 (50%) items of evaluation correct and
2. Items 6, 7, 8, 9 and 10 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

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NAME OF MENTOR ……..…….…….…….

DESIGNATION ……..…….…….

ORGANIZATION ……..…….…….

DATE ……..…….…….…….

SIGNATURE AND STAMP ……..…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

8. APPLY ELECTRICAL PRINCIPLES

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of:		**Self-assessment**	**Mentor review**		
1.	Basic SI units in Electrical					
2.	Ohms law					
3.	D.C and A.C circuits					
4.	Electrical machines					
5.	AC power supply					
6.	Power factor					
7.	Types of earthing					
8.	Types of lightening strokes					
9.	Electromagnetic field Theory					
10.	Two port networks					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
11.	Refrigeration and Air conditioning					
	SKILLS **The mentee:**					
12.	Observes workshop safety as per OSHA					
13.	Identifies earthing points on an electrical installation					
14.	Tests earthing system in line with the IEE regulations					
15.	Identifies components of lightening protection system as per established standards					

Note:

To be declared competent, the mentee must get:

1. 8 of the 15 (50%) items of evaluation correct and
2. Items 12, 13, 14 and 15 correct.

APPENDIX 1

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NAME OF MENTOR ……..……..……..…….

DESIGNATION ……..……..…….

ORGANIZATION ……..……..…….

DATE ……..……..……..…….

SIGNATURE AND STAMP ……..……..…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

9. **PERFORM WORKSHOP PROCESSES**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of:		**Self-assessment**	**Mentor review**		
1.	Workshop safety					
2.	Workshop tools, Instruments and equipment					
3.	Waste management					
4.	Record keeping					
	SKILLS **The mentee:**					
5.	Observes workshop safety as per OSHA					
6.	Selects and uses workshop tools, Instruments and equipment as per standard operating procedure and manufactures manuals					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
7.	Handles workshop tools, Instruments and equipment as per standard workshop practices					
8.	Adheres to care and maintenance of workshop tools, Instruments and equipment as per the organisation's guidelines					
9.	Troubleshoots and repairs/replaces faulty workshop tools and equipment					
10.	Disposes waste in line with EHS					
11.	Obtains, records and interprets test results as per organisation's procedure					

Note:

To be declared competent, the mentee must get:

3. 6 of the 11 (50%) items of evaluation correct and
4. Items 5, 6, 7, 8, 9, 10 and 11 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: ……..……..……..…….

REGISTRATION CODE OF TRAINEE: ……..……..……..…….

NAME OF TRAINEE'S INSTITUTION: ……..……..……..…….

NAME OF MENTOR ……..……..……..…….

DESIGNATION ……..……..…….

ORGANIZATION ……..……..…….

DATE ……..……..……..…….

SIGNATURE AND STAMP ……..……..…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

10. **PLAN ELECTRICAL INSTALLATION**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of:		**Self-assessment**	**Mentor review**		
1.	Site survey					
2.	Documentation					
3.	Electrical installation sizing					
4.	Tools, equipment & materials.					
5.	Site logistics					
6.	Work plans					
7.	Communication					
8.	Team work					
9.	Work permits					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
10.	Occupational Safety and Health Act					
	SKILLS **The mentee:**					
11.	Evaluates site conditions according to the established procedures					
12.	Identifies best location and route for the installation as per the system design					
13.	Takes actual measurements as per existing procedures					
14.	Generates and shares site survey report with relevant parties according to the established procedures					
15.	Conducts load estimation according to set standard					
16.	Determines cable and protective device sizes according to IEE regulations					
17.	Records and shares system sizes as per established procedures					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
18.	Prepares lists of tools, equipment & materials as per established procedures.					
19.	Determines necessary logistics for the particular work as per the organisations procedure.					
20.	Reports and arranges logistics with the responsible party according to work schedule					
21.	Requests officially for installation drawings as per organisations procedure.					
22.	Acquires and deposits installation drawings in a safe place as per established procedure					
23.	Identifies scope of installation work as per the system design.					
24.	Undertakes all work safely as per workplace procedures, National/County regulations and legislative requirements					
25.	Prepares working drawings in accordance with the design drawings.					
26.	Prepares work schedule based on the scope					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	and the working drawings.					
27.	Identifies team members according to the task as per organisations procedure.					
28.	Identifies type of permit to work and issuing body where applicable as per established procedure					
29.	Fills and submits permit to work form to the responsible body as per established procedure.					
30.	Identifies special work, hazard and safety requirements according to OSHA Prepared work site for accessibility of utilities as per established procedure.					
	ATTITUDES (WORKER BEHAVIOURS) **The mentee is:**					
31.	Able to work in a team					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
32.	Time conscious					
33.	Attentive to detail					
34.	Self-motivated					
35.	Accountable					
36.	Focused					
37.	Honest					

Note:

To be declared competent, the mentee must get:

1. 19 of the 37 (50%) items of evaluation correct and
2. Items 12, 13, 14 and 15 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
2.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: …….…….…….…….

NAME OF TRAINEE'S INSTITUTION: …….…….…….…….

NAME OF MENTOR …….…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

11. **PERFORM ELECTRICAL INSTALLATION**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of:		**Self-assessment**	**Mentor review**		
1.	Environmental health and safety standards					
2.	Types of electrical installations					
3.	Measurements using metric system					
4.	Importance of documentation and record keeping					
5.	Different types of wiring systems					
6.	Power supply and distribution					
7.	Three phase load balancing					
8.	IEE regulations, British standards and KEBS					
9.	Different types of electrical installation draw-					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	ings (Schematic, layout, wiring, single line and block diagrams)					
10.	Functionality of various tools/equipment and their use					
11.	Wiring systems					
12.	Practicing licenses and their scope (EPRA,NCA)					
13.	Housekeeping					
	SKILLS **The mentee:**					
14.	Observes Safety regulations and occupational health and safety standards.					
15.	Takes measurements as per the expected installation.					
16.	Prepares and interprets working drawings as per the electrical installation design and site conditions					
17.	Prepares lists of tools, equipment and materials needed for the work as per the electrical installa-					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	tion requirements					
18.	Assembles and checks tools, equipment and materials for specifications and functionality as per the standard operating procedure					
19.	Installs cables, conductors, conduits, enclosures and support systems to specifications as per the working drawing and IEE regulations.					
20.	Labels the installation for identification according to IEE regulations					
21.	Follows workplace procedures to deal with any accidents and damage of equipment occurring during the cleaning process as per company's procedure.					
22.	Records and reports activities as per established procedures					
	ATTITUDES (WORKER BEHAVIOURS) **The mentee is:**					
23.	Attentive to detail					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
24.	Focused					
25.	Honest					
26.	Assertive					
27.	A team player					
28.	Creative					
29.	Time conscious					
30.	Self-motivated					

Note:

To be declared competent, the mentee must get:

1. 15 of the 30 (50%) items of evaluation correct and
2. Items 14, 16, 17, 18, 19, 20 and 21 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

12. **PERFORM TESTING OF ELECTRICAL INSTALLATION**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of:		**Self-assessment**	**Mentor review**		
1.	Safety					
2.	Types of tests					
3.	Test tools and equipment					
4.	Inspection					
5.	Testing					
6.	Documentation					
	SKILLS **The mentee:**					
7.	Observes safety as per OSHA					
8.	Observes precaution in hazardous environment					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	as per EHS					
9.	Identifies test points and tests to be carried out as per IEE regulations					
10.	Prepares and stores test equipment for safe and easy access in accordance with established procedure					
11.	Carries out visual inspection as per established procedures					
12.	Verifies physical conditions of all fittings as per company's procedures					
13.	Assembles test tools and equipment as per established standards					
14.	Decides test sequence as per the test standards					
15.	Carries out tests as per the set standards					
16.	Records and compares test results with permissible data parameters as per the data sheets and standards					
17.	Compiles and shares test report with relevant parties as per the organisation's procedures					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
18.	Issues test certificate to the relevant parties as per established standards					
19.	Issues wiring certificate to the relevant parties as per company's procedures					
	ATTITUDES (WORKER BEHAVIOURS) **The mentee is:**					
20.	Attentive to detail					
21.	Focused					
22.	Honest					
23.	Assertive					
24.	A team player					
25.	Creative					
26.	Time conscious					
27.	Self-motivated					

Note:

To be declared competent, the mentee must get:

1. 14 of the 27 (50%) items of evaluation correct and
2. Items 5, 7, 9, 11, 15 and 16 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
2.		
2.		
3.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

13. **MAINTAIN ELECTRICAL INSTALLATION SYSTEMS**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of:		**Self-assessment**	**Mentor review**		
1.	Safety standards					
2.	Maintenance techniques					
3.	Inspection of electrical systems					
4.	Tool, equipment and materials					
5.	Testing of electrical system					
	SKILLS **The mentee:**					
6.	Identifies system to be maintained as per established standards					
7.	Defines type and scope of maintenance as per the system design					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
8.	Refers to service manual as per the organisation's procedure					
9.	Develops maintenance schedule in accordance with the service checklist					
10.	Refers to relevant maintenance procedures as per the established procedures					
11.	Inspects electrical systems as per the established procedures					
12.	Identifies and records defects outside maintenance schedule as per organisation's policy					
13.	Prepares list of tools, equipment and material as per the established procedure					
14.	Prepares maintenance checklist as per the service manual or the company's procedure					
15.	Carries out maintenance activities in the					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	specified sequence, agreed timelines and in consultation with relevant parties as per the organisation's procedure					
16.	Observes safety and other regulations as per the established standards					
17.	Records maintenance activities according to checklist as per organisation's procedures					
18.	Identifies test points as per the system manual					
19.	Conducts and records system tests results according to established procedure and company regulations					
20.	Documents and shares test results with the relevant parties as per the company's procedure					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	ATTITUDES (WORKER BEHAVIOURS) **The mentee is:**					
21.	Attentive to detail					
22.	Focused					
23.	Honest					
24.	Assertive					
25.	A team player					
26.	Creative					
27.	Time conscious					
28.	Self-motivated					

Note:

To be declared competent, the mentee must get:

1. 14 of the 28 (50%) items of evaluation correct and

2. Items 17, 18, 19 and 20 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
2.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION ……..…….…….

ORGANIZATION ……..…….…….

DATE ……..…….…….…….

SIGNATURE AND STAMP ……..…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	

14. **PERFORM ELECTRICAL BREAKDOWN MAINTENANCE**

Mentor and mentee: *Please fill information for each of the three sections in the respective columns. Initials should be used as given in the header below.*

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	KNOWLEDGE The mentee demonstrates knowledge of		**Self-assessment**	**Mentor review**		
1.	Causes of system failure					
2.	Manufacturers' manuals					
3.	Maintenance tools and equipment					
4.	Safety					
5.	Troubleshooting					
6.	Repair and maintenance					
7.	System testing					
8.	Documentation					
9.	Waste management					
	SKILLS					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	The mentee:					
10.	Obtains information about failures as per set procedures.					
11.	Refers to system manuals to identify test points as per standard operating procedure					
12.	Selects tools to use during maintenance as per the system to be maintained					
13.	Checks specifications and functionality of tools, equipment and materials in accordance with the applicable technical and safety standards					
14.	Observes safety procedures in accordance with safety standards					
15.	Conducts system trouble shooting in accordance with standard procedure					
16.	Tests, records and compares system parameters against standard values					
17.	Makes and records recommendations are as per the system functionality					
18.	Repairs/ replaces system in accordance					

S/N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
	with maintenance manual					
19.	Records repair activities according to the established procedure					
20.	Tests repaired/replaced system as per standard operating procedures					
21.	Documents maintenance report as per standard operating procedures					
22.	Disposes waste as per EHS					
	ATTITUDE (WORKER BEHAVIOURS) **The mentee is:**					
23.	Able to work in a team					
24.	Time conscious					
25.	Attentive to detail					
26.	Self-motivated					
27.	Accountable					
28.	Focused					

S/ N.	**Items for evaluation** (knowledge, skills and attitudes)	**Not applicable (NA) To current area of practice**	**Self-assessment record: Need to improve (NI) Or met (date)**	**Mentor review record: Need to improve (NI) Or met (initials & date)**	**Record action plan for any assessed as needs to improve (as agreed with mentor)**	**Evidence e.g., marked scripts (written and/oral), observation checklist, products, photos and videos of products and processes etc.**
29.	Honest					

Note:

To be declared competent, the mentee must get:

1. 15 of the 29 (50%) items of evaluation correct and
2. Items 1, 5, 7, 13, 14, 15, 18 and 19 correct.

APPENDIX 1

SUMMARY OF TOTAL PERIOD OF MENTORING

S/N	Section/ Department	Period (Weeks/days)
1.		
2.		
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APPENDIX 2

MENTOR SUMMARY REPORT

NAME OF TRAINEE: …….…….…….…….

REGISTRATION CODE OF TRAINEE: ……..…….…….…….

NAME OF TRAINEE'S INSTITUTION: ……..…….…….…….

NAME OF MENTOR ……..…….…….…….

DESIGNATION …….…….…….

ORGANIZATION …….…….…….

DATE …….…….…….…….

SIGNATURE AND STAMP …….…….…….

Evaluation	**Remarks**
Please tick as appropriate The mentee was found to be: **Competent** ☐ **Not Yet Competent** ☐ *(If not yet competent, please specify in the remarks column which areas the mentee need to improve on)*	