## **SELF-ASSESSMENT GUIDE**

Qualification	EVENTS MANAGEMENT SERVICES NC III			
Units of Competency Covered	EVENT PLANNING SERVICES			
<ul> <li>Instruction:</li> <li>Read each of the questions in the left-hand column of the chart.</li> <li>Place a check in the appropriate box opposite each question to indicate your answer.</li> </ul>				
Can I?		YES	NO	
Interpret event brief correctly *				
Identify event objectives correctly *				
Develop proposal and bid material within a prescribed time*				
Create an event concept	t, theme and format*			
Create an appealing event concept				
Design a theme that suits the concept				
Format the event to suit the concept and the theme				
Design detailed event program*				
Source, evaluate and select primary and alternative event venue/site*				
Arrange and confirm sele	ected event venue/site*			
	nation on event operations, legal mation technology on the event			
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.				

Date:

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Candidate's Signature:

## **SELF-ASSESSMENT GUIDE**

Qualification	EVENTS MANAGEMENT SERVICES NC III			
Unit of Competency Covered :	ON-SITE EVENT MANAGEMENT SERVICES			
<ul> <li>Instruction:</li> <li>Read each of the questions in the left-hand column of the chart.</li> <li>Place a check in the appropriate box opposite each question to indicate your answer.</li> </ul>				
Can I?		YES	NO	
Prepare on-site management, oversees set-up and conducts appropriate briefings*				
Monitor on-going event operations*				
Monitor contractors' performance*				
Ensure contractors follow safety rules and regulations of the venue and the event				
Ensure contractors follow so practices of the venue and	, ,			
Handle unforeseen situation correctly	ns promptly and			
Seek and integrate protoco program*	I procedures in work			
Update knowledge on proto	ocol*			
I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor.				
Candidate's Signature:		Date:		