



SKILLS VALIDATION GRID

Candidate's first and last name _____

Related professional profile: _____

SKILL (What has been evaluated)	HOW IT HAS BEEN EVALUATED		IS THE SKILL AVAILABLE?		ANNOTATION
	by professional interview	by professional practical text	YES	NO	
SKILL n°1 (short description):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SKILL n°2 (short description):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SKILL n°3 (short description):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SKILL n°... (short description):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Date of the audit _____

Professional expert's surname and name _____

Signature of the professional expert _____

Operator's surname and name _____

Signature of the operator _____