## ADVISER COMPETENCE ASSESSMENT

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| Adviser |  |
| **Supervisor** |  |
| **Assessment Date** |  |
| **Date of last Assessment** |  |

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| **Have the following been completed satisfactorily?** | **Date undertaken** |
| **KPI & Management Information Review** |  |
| **Comments**  |
| **CPD Review** |  |
| **Comments** |
| **File Reviews** |  |
| **Comments** |
| **Observations/Role plays** |  |
| **Comments** |
| **1 to 1 meetings** |  |
| **Comments** |
| **Is the adviser’s knowledge up to date?** | **Date taken / result** |
| **Generic Knowledge testing** |  |
| **Firm Specific Knowledge testing** |  |
| **Other tests ( please state )** |  |
| **Comments** |

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| **On the basis of the evidence listed above and documented in the Training Record, is the adviser competent?** | **Y/N** | **Date** |
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| **Actions required** |
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| Adviser’s signature |  |
| Supervisor’s signature |  |
| **Date of next Assessment *(if appropriate)*** |  |