

Self-assessment tool for General Plumber (ASCO: 4431-11)



About this self-assessment tool

This tool will help you to decide whether you have the required training, work experience and competencies (skills) to meet Australian standards as a General Plumber.

Read the questions carefully. Tick the box with the best answer.

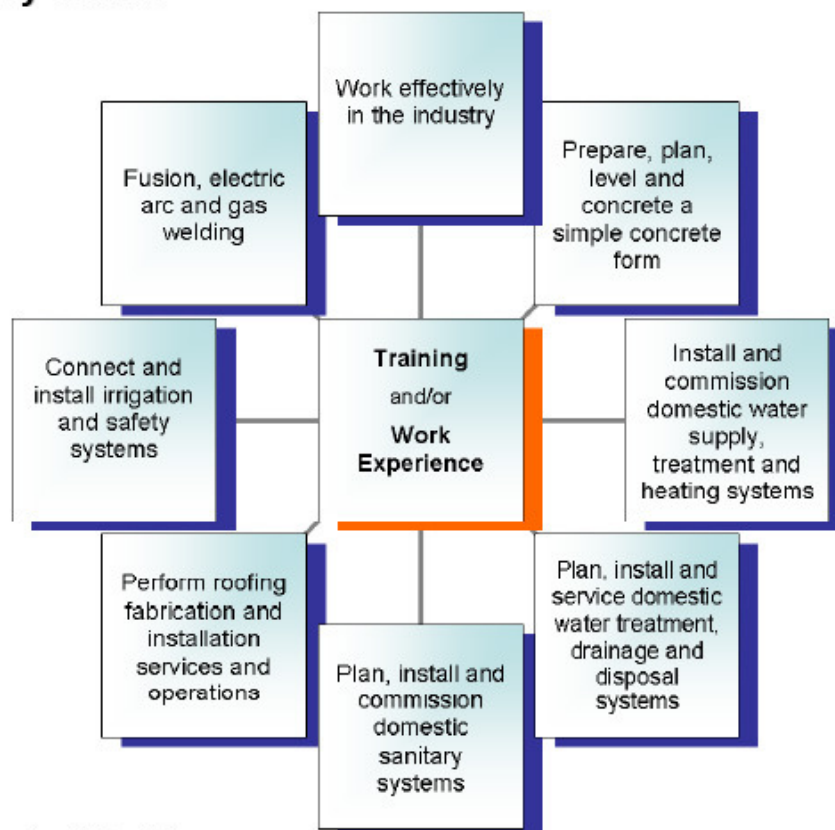
Use your answers to guide your decision about whether to apply for a trade skills assessment.

It is recommended that you can answer 'yes' to each competency cluster question and can tick a majority of boxes that indicate that you have 'regularly' done the work.

Please note that if you submit an application you will be asked to supply documented evidence to support your claims. If your evidence is suitable you will be asked to demonstrate your competencies in a practical skills assessment.

Your evidence will be used to determine if you meet the competency profile for a Plumber. The diagram below gives an overview of the competencies (skills) that are expected of a Plumber in Australia.

Competency Profile



General employability skills

Teamwork, Communication, Problem Solving, Planning & Organising, Learning, Technology, Self-management, Initiative & Enterprise.



Training and experience

Your Training	Yes	No	Not Sure
Have you undertaken formal training in the Plumbing trade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes:</i>			
Was this training undertaken at an accredited training institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the training require you to do practical experience in a workshop or on a work site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was this qualification awarded by an Industry Body or Association or regulatory authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you able to provide results and/or transcripts of trade training that you have completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your Work Experience	Yes	No	Not Sure
Do you have on-the-job work experience as a General Plumber?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes:</i>			
Can you provide any evidence of employment in the trade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can you provide evidence of recent employment in the trade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Competency clusters

1. Are you able to prepare, plan, level and concrete a simple concrete form?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you marked out materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed trench support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you carried out concreting to simple forms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you carried out levelling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you able install and commission various domestic water supply, treatment and heating systems?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you set out and installed water services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed and adjusted system controls and devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed and commissioned water heating systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed domestic water treatment equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed water pump sets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you fitted off and commissioned hot and cold water systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

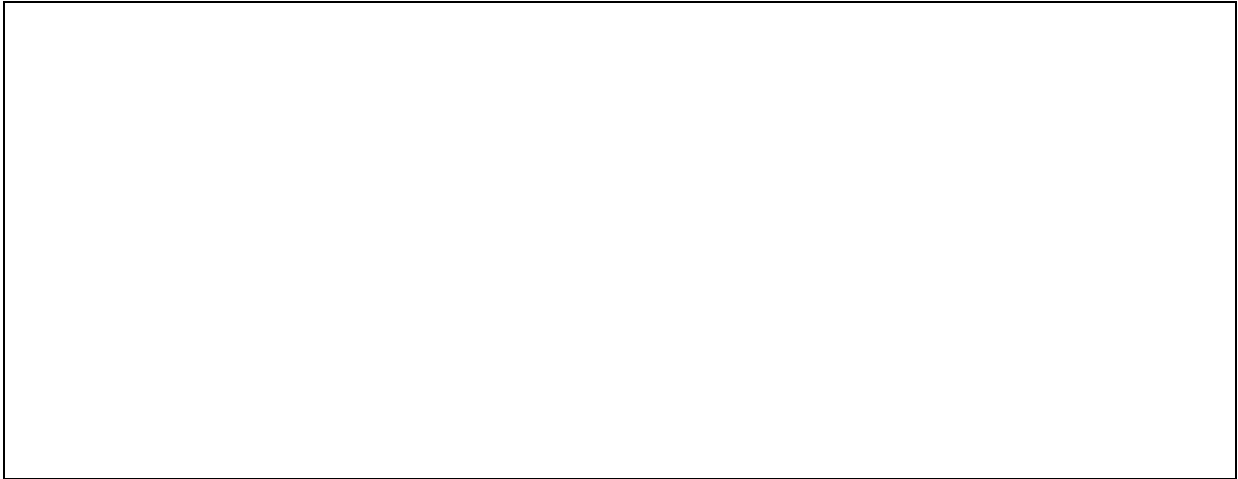


3. Are you able to plan, install and service domestic water treatment, drainage and disposal systems?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you located and cleared blockages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed domestic treatment plants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed stormwater and sub-soil drainage systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you planned the layout for residential drainage systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed below-ground sanitary drainage systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed on-site disposal systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you drained worksites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed pre-fabricated inspection openings and enclosures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you able to plan, install and commission a domestic sanitary system?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you cut and joined sheet metal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you planned the layout for residential sanitary plumbing systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed discharge pipes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you fabricated and installed sewerage and waste stacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed and fitted off sanitary fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed pre-treatment facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you able to perform roofing fabrication and installation services and operations?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you worked safely on roofs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you fabricated and installed roof drainage components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you fabricated and installed roof drainage components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you selected and installed roof sheeting and wall cladding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed plumbing on roofing for collecting and storing water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you fabricated and installed external flashings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed roof components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed roof coverings for curved roof structures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed composite roof systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you flashed penetrations through walls and roofs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



6. Are you able to connect and install irrigation and safety systems?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you connected irrigation systems from drinking water plumbing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you fabricated and installed fire hydrants and hose reels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you installed domestic and residential life safety sprinkler systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Are you able to bond materials using fusion, electric arc and gas welding?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Have you welded polyethylene (PE) pipes using a fusion method?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you welded using oxy-acetylene equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you welded using arc welding equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are you able to work effectively in the industry?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
<i>If yes: Do you have evidence?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Regularly</i>	<i>Sometimes</i>	<i>Never</i>	
Do you carry out interactive workplace communications and communicate with customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you carry out safe working practices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you read plans and calculated plumbing quantities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you handled and stored plumbing materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you used plumbing hand and power tools?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you marked out materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have experience in working in teams as well as independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have experience in planning and organising?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have experience in using a range of technology in your work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes

A large, empty rectangular box with a thin black border, intended for the user to write their notes.