

# Self-assessment tool for Motor Mechanic – Light Vehicle (ASCO: 4211-11)



## 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 Motor Mechanic.

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

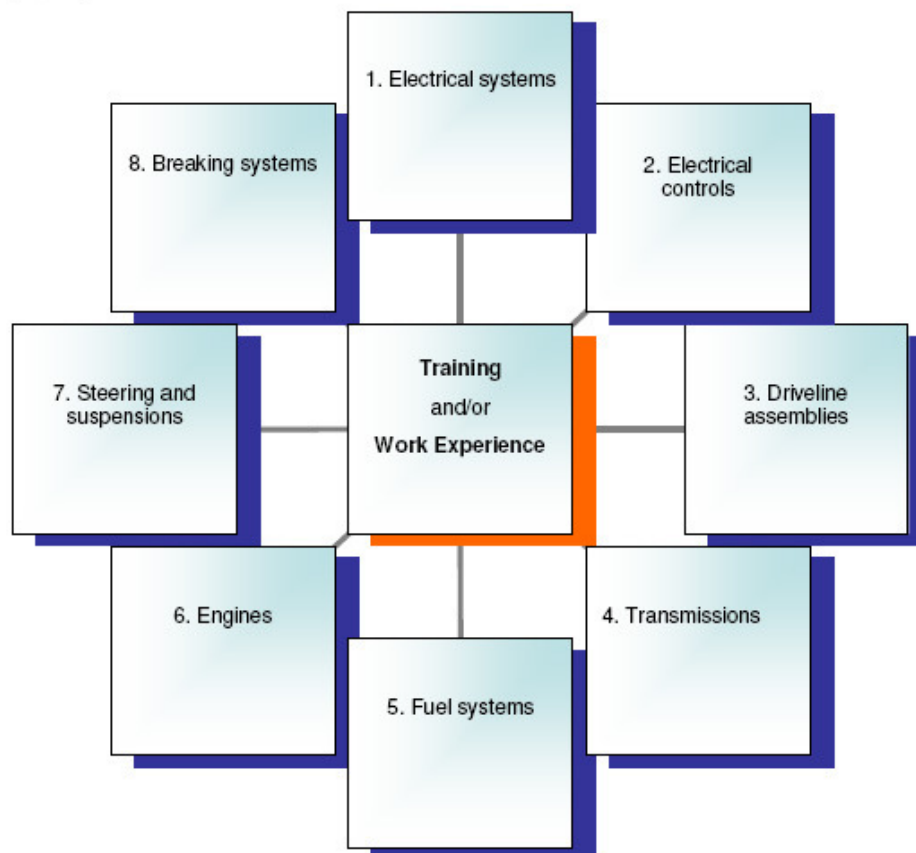
Use your answers to guide your decision about whether to apply for a trade skills assessment.

It is recommended that you can answer 'yes' to each competency group 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 group for a Motor Mechanic. The diagram below gives an overview of the competencies (skills) that are expected of a Motor Mechanic in Australia. General employability skills such as teamwork, communication, problem solving, planning and organising, learning, technology, self-management, initiative and enterprise are embedded in each competency groups.

Figure 1 Competency Profile





## Training and experience

Your Training	Yes	No	Not Sure
Have you undertaken formal training in the Motor Mechanic 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?	<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 Motor Mechanic?	<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"/>

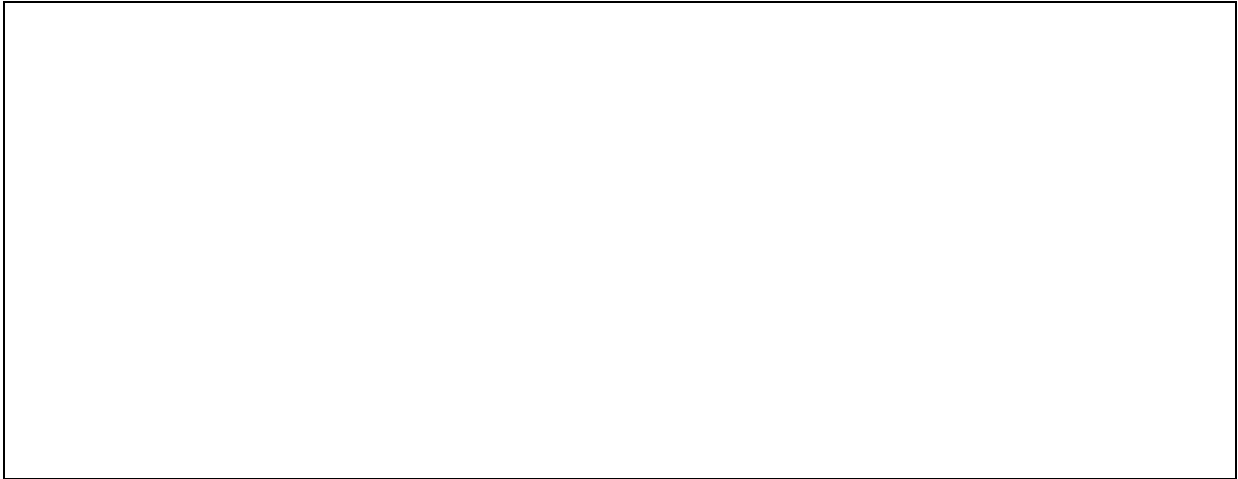
## Competency Groups

<b>1. Are you able to service, diagnose and repair automotive electrical systems?</b>	<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 tested, serviced and charged batteries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you carried out repairs to single electrical circuits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you repaired ignition systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you serviced and repaired spark ignition engine management systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>2. Are you able to service, diagnose and repair automotive electrical controls?</b>	<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 repaired charging systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you repaired starting systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you serviced and repaired electronic drive management systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you serviced and repaired electronic body management systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



<b>3. Are you able to service, diagnose and repair automotive driveline and sub-assemblies?</b>	<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 serviced and repaired final drive assemblies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you serviced and repaired drivelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>4. Are you able to service, diagnose and repair automotive transmissions?</b>	<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 inspected, serviced and repaired clutch assemblies and associated operating system components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspected and serviced manual transmissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspected and serviced automatic transmissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you repaired manual transmissions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>5. Are you able to service, diagnose and repair automotive fuel systems?</b>	<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 serviced and repaired petrol fuel systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you repaired or replaced emission control systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>6. Are you able to service, diagnose and repair automotive engines and associated components?</b>	<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 inspected and serviced engines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspected, serviced and repaired cooling systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you repaired engines and associated engine components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>7. Are you able to service, diagnose and repair automotive steering and suspension systems?</b>	<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 inspected, serviced and repaired steering systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you inspected, serviced and repaired suspension systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>8. Are you able to service, diagnose and repair automotive braking systems?</b>	<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 inspected and serviced braking systems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you repaired hydraulic braking systems?	<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. It occupies the upper half of the page.