

## CONSENT FORM – SMS COMPETENCY ASSESSMENT

I \_\_\_\_\_(Full names and Identity number) hereby consent to undergo competency assessment for purposes of:

(Tick the appropriate block )

Selection

Development

The assessment will entail the following:

- Personality assessment using the Occupational Personality Profile (OPP);
- Competency assessment using a Managerial Skills Exercise, Project Exercise and a Role Play; and
- Assessment of learning preference using a Learning Style Inventory (this is only applicable for assessment for development purposes)

The following generic managerial competencies for Senior Managers in the Public Service will be assessed:

- Strategic Capability and Leadership
- Project and Programme Management
- Financial Management
- Change Management
- Knowledge Management
- Service Delivery Innovation
- Problem Solving and Analysis
- People Management and Empowerment
- Client Orientation and Customer Focus
- Communication

Please indicate whether you have been assessed with the assessment instruments and exercises indicated above in the past 12 (twelve) months.

(Tick the appropriate block )

YES

NO



If yes, please provide details of the assessment (for what purposes, position applied/considered for, when, by whom)

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I agree that the results of this assessment be made available to the \_\_\_\_\_ (indicate the Department involved) or any other Government Department whom may require me to do such an assessment within the next 12 months for the purpose(s) indicated above.

Please indicate whether you have any disability:

(Tick the appropriate block )

YES

NO

If yes, please describe the nature of the disability

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Signed : \_\_\_\_\_

Today's date : \_\_\_\_\_



