NATIONAL APPRENTICE AND INDUSTRIAL TRAINING AUTHORITY

Transformation of Apprenticeship to NVQ - Establishment Assesment Guide

Requirement of Tools , Equipments ,Documents, Materials and others for

BUSINESS ASSOCIATE

Competency Standards Code : J65S001

Sourse : National Competency Standard

Name , Address of Estblishment & Contact Number

Date of Assessment :	District :

NO	Tools,Equipments, Materials & Others	Requirment for the Units												Availability at Establishment (Yes/No)	Remarks
		1	2	3	4	5	6	7	8	9	10	11	12		
1	Calculator	√	√	√	√	√	√	√	√	√	√	√	√		
2	Clarified posted transactions									√					
3	Coding system						√								
4	Companies Act (2007, No: 07)									√					
5	Computer with accessories			√		√	√		√	√					
6	Computer with accessories & software	√	√												
7	Computer with accessories (Accounting and audit soft ware)											√			
8	Computer with accessories (Accounting soft ware)				√						√		√		
9	Computer with accessories (Payroll software)							√							
10	Fax machine	√	√	√		√	√				√	√	√		
11	Fixed assets register					√									
12	Internet and e - mail facilities	√	√	√	√	√	√		√	√	√	√	√		
13	Inventory book					√									
14	Manual books of accounts	√	√	√											
15	Operational guidelines										√				
16	Organizational requirements										√				
17	Photo copy machine	√	√	√		√	√	√	√	√	√	√	√		

18	Relevant government regulations									√					
19	Relevant industry technical reports					√									
20	Relevant software						√								
21	Specified formats					√									
22	Sri Lanka Accountancy Standards (LKAS)								√						
23	Statement of recommended practices for Non – profit organizations									√					
24	Stationery					√									
25	Stores ledger					√									
26	Tax acts & amendments										√				
27	Telephone				√	√			√	√	√				

Selected Qualification (Package)		Units

forwarded by:	***Recommended by:***
Name of the Officer : ……	*Name of the Officer : ……*
Designation : ……	*Designation : ……*
Signature : ……	*Signature : ……*
Date : ……	*Date : ……*
Official Stamp : ……	*Official Stamp : ……*

Certified by:	
Name of the Officer : ……	*Designation : ……*
Signature : ……	*Official Stamp : ……*
Date : ……	