





## Competency Matrix

### Details of expertise (technical field)

**Fill only relevant lines (fields of expertise) Please use checkboxes for High / Medium / Low for rating your experience in each relevant field // Please specify in the relevant fields your period of expertise (from year X to year Y)**

Additional Skills of Interest		
	Expertise	Additional Information Relating to Experience
Field Communications	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
In-Field Operation Support	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Field Documentation and Quality Management Systems	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Medical support	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	
Health and Safety	<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	