| Reference No. | lo. 00 03/01/17 | | | | |
|--|--|----------------------------|-------------------|------------------|--|
| SELF ASSESSMENT GUIDE | | | | | |
| Qualification Title: | BOOKKEEPING NC III | | | | |
| Units of Competency: | Journalize Transactions Post Transactions Prepare Trial Balance Prepare Financial Reports Review Internal Control System | | | | |
| Instruction: Instruction: Read each question and check the appropriate box to indicate your answer. | | | | | |
| Can I? | | | YES | NO | |
| Prepares/Enters chart of accounts | | | | | |
| Analyses documents* | | | | | |
| Prepares journal entry* | | | | | |
| Prepares Ledger* | | | | | |
| Transfers/Posts journal entries* | | | | | |
| Prepares Trial Balance* | | | | | |
| Prepares Worksheet* | | | | | |
| Prepares Financial Statements* | | | | | |
| Journalizes & Posts adjusting and closing entries* | | | | | |
| Prepares Post Closing Trial Balance | | | | | |
| Checks policy compliance* | | | | | |
| Prepares policy compliance report* | | | | | |
| I agree to undertake assessment in the knowledge that information gathered will only be used for professional development purposes and can only be accessed by concerned assessment personnel and my manager/supervisor. | | | | | |
| Candidate's Signature: Date: | | | Date: | | |
| Note: The Candidate must bring calculator and scissor to be used during the assessment activity and the use of cellphone/smartphone is NOT ALLOWED. | | | | | |
| Evaluated by: | | □ Qualified for Assessment | | | |
| Date: | AC Manager | | yet Qua essmen | ilified for t | |