

Evidence Record

Please complete form in block letters

please photocopy as necessary


Qualification / C&G Unit _____

Learner Name _____

Use this form to record details of activities (tick as appropriate)

- | | | | |
|-------------------------|--------------------------|-------------------------|--------------------------|
| Observed by assessor | <input type="checkbox"/> | Work product | <input type="checkbox"/> |
| Seen by expert witness | <input type="checkbox"/> | RPL | <input type="checkbox"/> |
| Seen by witness | <input type="checkbox"/> | Simulation | <input type="checkbox"/> |
| Self-reflective account | <input type="checkbox"/> | Projects/Assignment | <input type="checkbox"/> |
| Question | <input type="checkbox"/> | Professional discussion | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | |

<p>Evidence reference:</p>

C&G Unit(s)	Assessment criteria	DATE OF ACTIVITY: Performance evidence
		

I confirm that the evidence listed is true

Assessor / Witness* Signature _____ Date _____

*delete as appropriate

I confirm that the evidence listed is my own work.

Learner Signature _____ Date _____

I confirm that assessment was carried out under the conditions and context specified in the standards.

Assessor Signature _____ Date _____

IQA Signature (if sampled) _____ Date _____