

Unit Assessment and Quality Assurance Declaration



Please complete form in block letters

please photocopy as necessary

Qualification & Level _____

City & Guilds Unit No _____ Unit No _____ Number of credits _____

Unit Title _____

Name of Learning Provider **ARC** _____ Name of Awarding Body **City & Guilds** _____

Learner Declaration

I confirm that the evidence listed for this unit is authentic and a true representation of my own work.

Learner Name _____

Learner enrolment number _____

Unique Learner Number _____

Name of Worksite _____

Learner Signature _____ Date _____

Assessor Declaration

I confirm that this Learner has achieved all the requirements of this unit with the evidence listed.

Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

Assessor Name _____

Assessor signature _____ Date _____

Name of Countersigning Assessor _____

Countersignature (if relevant) _____

Internal Quality Assurance Declaration

I have internally verified the assessment work on this unit in the following ways (please tick)

Sampling Learner and assessment evidence

observation of assessment practice

discussion with Learner

other – please state _____

not sampled _____

I confirm that the Learner's sampled work meets the standards specified for this unit and may be presented for external verification and/or certification.

IQA name _____

IQA signature _____ Date _____

Name of Countersigning IQA _____

Counter signature (if relevant) _____ Date _____