

# Witness Status List

Please complete form in block letters



please photocopy as necessary

Qualification \_\_\_\_\_ Learner Name \_\_\_\_\_

Please ensure that all witnesses who have signed the learner's evidence or written a report are included on this witness list.

All necessary details must be included and signed by the witness as being correct.

Name and contact address of witness	Witness status* (Key below)	Professional relationship to learner	Unit or outcomes witnessed	Witness signature	Date

**\*Witness Status categories**

- 1. Occupational expert meeting specific qualification requirement for role of expert witness
- 2. Occupational expert not familiar with the standards
- 3. Non-expert familiar with standards
- 4. Non-expert not familiar with the standards

Assessor Signature \_\_\_\_\_ Date \_\_\_\_\_