

ASSESSORS AND CANDIDATES PERFORMANCE EVIDENCE RECORD

Centre Name: _____

Candidates Name: _____

Assessors Name: _____

Units Covered
Unit Number:

This form is for Assessor's observation of practical work place activities or Candidates statement of practical activities.

Unit	LO/Assessment criteria	Tick which Evidence method	Observation	Witness statement	Personal statement	
Record of observed activity and performance						

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Unit	LO/Assessment criteria	Record of observed activity and performance	
I confirm that the evidence listed above is true record of the perfumed activities observed during this assessment.			
Work base Assessor / witness Signature:			Date:
Candidate's Signature:			Date:
Assessor's Signature:			Date:
Internal Quality Assurer's Signature:			Date:

❖ Duplicate the second page of this form if needed to complete your recording (Remember to number duplicate accordingly)