##

## Internal Verification Record of Sampling of Units

|  |  |
| --- | --- |
| Unit number |  |
| Unit name |  |
| Level |  |
| Name of internal verifier(s) |  |
| Name of assessor(s) |  |
| Date of sampling |  |
| Outcomes covered |  |

##### Reason for sampling (please tick)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Routine |  | New or inexperienced assessor  |  | New assessment |  |
| New Unit |  | Action from previous verification |  | Action from external verification |  |

|  |  |
| --- | --- |
| Number of groups  |  |
| Total number of candidates |  |
| Number of candidates sampled (identify candidates on results records) |  |
| Correct Unit specification used |  |
| Up-to-date assessment used |  |
| Assessor judgement of candidate evidence is fair and consistent |  |

|  |
| --- |
| Comments/feedback to assessor |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Action required | By whom | By when | Action completed andconfirmed by IV |
|  |  |  | Initials | Date |
|  |  |  |  |  |

Can results be submitted for this delivery of the Unit? Yes/No

If No, further sampling required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Internal verifier)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_