

# Blank candidate recording forms for Awards, Certificates and Diplomas

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## Candidate Recording Form: Index of Evidence

| Evidencenumber | Description of evidence | Included in portfolio (yes/no) If ‘no’, state location  | Sampled by the IV(initials and date)  |
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## Candidate Recording Form: Observation Record

**Unit/outcome(s)**

**Candidate’s name**

**Evidence index number**

**Date of observation**

|  |  |
| --- | --- |
| Skills/activities observed  | Assessment criteria covered  |
|  |  |

|  |
| --- |
| Knowledge and understanding apparent from this observation |
|  |

|  |
| --- |
| Other units/outcome(s) to which this evidence may contribute |
|  |

|  |
| --- |
| Assessor’s comments and feedback to candidate |
|  |

I can confirm the candidate’s performance was satisfactory.

Assessor’s signature Date

Candidate’s signature Date

## Candidate Recording Form: Personal Statement

| Date  | Evidence index number | Details of statement  | Links to other evidence(enter numbers) | Unit, Learning Outcomes covered  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Candidate’s signature Date

## Candidate Recording Form: Questions and Candidate’s Answers

|  Unit  |  |
| --- | --- |
| Outcome(s)  |  |
| Evidence index number  |  |

| Circumstances of assessment  |
| --- |
|  |

| List of questions and candidate’s responses  |
| --- |
| Q  |
| A  |
| Q  |
| A  |

Assessor’s signature Date

Candidate’s signature Date

## Candidate Recording Form: Unit Progress Record

Qualification and level

Candidate’s name

#### Mandatory units achieved

|  |  |  |  |
| --- | --- | --- | --- |
| Unit number  | Title  | Assessor’s signature  | Date  |
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#### Optional units achieved

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| --- | --- | --- | --- |
| Unit number | Title | Assessor’s signature | Date |
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## Candidate Recording Form: Assessment Plan

**Unit:**

**Outcomes:**

| **Activities** | **Assessment criteria**  | **Method of assessment/sources of evidence** | **Date of assessment** | **Evidence already available** | **Links to other units (assessment criteria)** |
| --- | --- | --- | --- | --- | --- |
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Assessor’s signature 1st review due

Candidate’s signature 2nd review due

Date of agreement Date of completion

## Candidate Recording Form: Witness Testimony

|  |  |
| --- | --- |
| Qualification title and level  |  |
| Candidate’s name  |  |
| Evidence index no. |  |
| Index no. of other evidence which this testimony relates to (if any) |  |
| Outcome(s) |  |
| Date of evidence  |  |
| Name of witness |  |
| Designation/relationship to candidate |  |

|  |
| --- |
| Details of testimony  |
|  |

Witness’s signature Date

Witness (please select the appropriate box):

🞎 Holds appropriate qualifications

🞎 Is familiar with the units to which the candidate is working