

# Blank learner recording forms for Externally Regulated Qualifications in England and Wales

Published by the Scottish Qualifications Authority

The Optima Building, 58 Robertson Street, Glasgow, G2 8DQ

Lowden, 24 Wester Shawfair, Dalkeith, Midlothian, EH22 1FD

[www.sqa.org.uk](http://www.sqa.org.uk/)

© Scottish Qualifications Authority August 2024

## Portfolio title page

| **Your name**  |   |
| --- | --- |
| **Job title**  |   |
| **Name of employer/training provider/college**  |   |
| **Their address**  |   |
| **Telephone number**  |   |
| **Email address** |  |
| **Qualification**  |   |
| **Level**  |   |
| **Units submitted for assessment**  |   |
| **Mentor’s name**  |   |
| **(Please provide details of mentor’s experience)**  |   |

Assessor’s signature: Date:

Assessor’s name:

## Contents checklist

You may find it useful to complete the following checklist as you work your way through your portfolio. This will help you to see if you have included all the relevant items. Once you have completed your portfolio, you will be able to use this checklist again as a contents page by inserting the relevant page or section numbers.

|  |  |  |
| --- | --- | --- |
| **Section**  | **Completed**  | **Page/Section number**  |
| **Title page for the portfolio**  |   |   |
| **Personal profile**  |   |   |
| Your own personal details  |   |   |
| A brief CV or career profile  |   |   |
| A description of your job  |   |   |
| Information about your employer/training provider/college  |   |   |
| **Unit assessment plans**  |   |   |
| **Unit progress record**  |   |   |
| **Completed learning outcome achievement records for each unit**  |   |   |
| Signed by yourself, your assessor and the internal verifier (where relevant)  |   |   |
| Evidence reference numbers included  |   |   |
| **Index of evidence (with cross-referencing information completed)**  |   |   |
| Evidence (with reference numbers)  |   |   |
| Observation records  |   |   |
| Details of witnesses (witness testimony sheets)  |   |   |
| Personal statements  |   |   |
| Products of performance  |   |   |

## Personal profile

|  |  |
| --- | --- |
| **Name**  |   |
| **Address**  |   |
| **Postcode**  |   |
| **Email address**  |   |
| **Telephone**  |   |
| **Job title**  |   |

### Relevant experience

|  |  |
| --- | --- |
| **Description of your current job** |  |
| **Previous work experience** |  |
| **Qualifications and training** |  |
| **Voluntary work/interests** |  |

|  |  |
| --- | --- |
| **Name of employer/training provider/college**  |   |
| **Address**  |   |
| **Postcode**  |   |
| **Telephone number**  |   |
| **Type of business**  |   |
| **Number of staff**  |   |
| **Structure of organisation (include chart or diagram if available)**  |   |

## Unit progress record

Qualification and level:

Learner name:

To achieve the whole qualification, you must prove competence in insert number mandatory units and insert number optional units.

Please note the table below shows the SSC identification codes listed alongside the corresponding SQA unit numbers. It is important that the SQA unit numbers are used in all your recording documentation and when your results are communicated to SQA. SSC identification codes are **not valid** in these instances.

### Unit checklist — circle the reference number of each unit as you complete it.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mandatory**  |   |   |   |   |   |   |   |   |
| **Optional**  |   |   |   |   |   |   |   |   |

### Mandatory units — all units should be completed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SQA** **unit number**  | **Regulatory unit number**  | **SSC** **unit number**  |  **Level**  | **Credit points**  |  **Title**  |  **Assessor**  | **Internal verifier**  |  **Date**  |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

### Optional units — learners must achieve insert number of the following units

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SQA** **unit number**  | **Regulatory unit number**  | **SSC** **unit number**  |  **Level**  | **Credit points**  |  **Title**  |  **Assessor**  | **Internal verifier**  |  **Date**  |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |   |

## 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)** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |   |   |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Assessor’s signature 1st review due

Learner’s signature 2nd review due

Date of agreement Date of completion

## Index of Evidence

| Evidencenumber | Description of evidence | Included in portfolio (yes/no) If ‘no’, state location  | Sampled by the IV(initials and date)  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## Observation Record

**Unit/outcome(s)**

**Learner’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 learner |
|  |

I can confirm the learner’s performance was satisfactory.

Assessor’s signature: Date:

Learner’s signature: Date:

## Personal Statement

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

Learner’s signature: Date:

## Record of Questions and Learner’s Answers

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

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

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

Assessor’s signature: Date:

Learner’s signature: Date:

## Witness Testimony

|  |  |
| --- | --- |
| Qualification title and level  |  |
| Learner’s name  |  |
| Evidence index number |  |
| Index number of other evidence which this testimony relates to (if any) |  |
| Learning outcome(s) |  |
| Date of evidence  |  |
| Name of witness |  |
| Designation/relationship to learner |  |

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

Witness’s signature: Date:

Witness (please select the appropriate box):

¨ Holds appropriate qualifications

¨ Is familiar with the units to which the learner is working