# Observation Record

**Site or Workplace Location:** Add location

**Brief overview of work being carried out:**

Add brief overview of work

**Unit title:** Add unit title

**Candidate’s name:** Add name **SCN Number: Add number**

**Evidence index number:** Add number

**Date of observation:** Ad date

| Activities, skills and competences observed | Unit performance criteria (PCs) assessed as competent |
| --- | --- |
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| Knowledge and understanding apparent from this observation or Oral Questioning | Unit knowledge and understanding (K) assessed as competent |
| --- | --- |
|  |  |

| Other units and outcomes to which this evidence may contribute |
| --- |
|  |

**Assessor’s comments and feedback to candidate**

**I can confirm the candidate’s performance was excellent for the unit PCs assessed as competent during this Observation.**

**Assessor’s signature:** Add signature **Date:** Add date

**Candidate’s signature:** Add signature  **Date:** Add date

**Internal Verifier’s signature:** Add signature  **Date:** Add date