



Blank recording forms for use by SVQ candidates

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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

Candidate's signature

2nd review due

Date of agreement

Date of completion



Candidate declaration

Centres must take appropriate steps to minimise the risk of plagiarism and ensure that assessment evidence is the candidate's own work. Centres should ensure the candidate signs this form and it is available for verification purposes.

I confirm that the content of this portfolio is my own work.

Candidate signature:

Candidate name (print)

Date

Assessor's signature

Assessor's name (print)

Date

Personal profile

Name:

Address:

Postcode:

Home telephone:

Work telephone:

Job title:

Relevant experience

Description of your current job:

Previous work experience:

Qualifications and training:

Voluntary work/interests:

Current training

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):

Mentor's name:

Mentor's relationship to you (your supervisor, colleague?):

Evidence index no	Description of evidence	P1	P2	P3	P4	K1	K2	K3	K4

Assessor's Notes/Comments

The candidate has satisfied the assessor and internal verifier that the performance evidence has been met.

Candidate's signature

Date

Assessor's signature

Date

Internal verifier's signature

Date

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

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

Q

A

Q

A

Q

A

Q

A

Assessor's signature

Date

Candidate's signature

Date

Personal statement

Evidence index number	Details of statement	Performance / Knowledge and Understanding statements covered

Candidate's signature:

Date:

Witness testimony

Qualification title :

Candidate's name:

Performance Criteria/Knowledge and Understanding statements covered:

Evidence index no.:

Date of evidence:

Name of witness:

Address of witness:

Telephone number of witness:

Email address of witness:

Designation/relationship to candidate:

Details of testimony:

I can confirm the candidate's performance was satisfactory.

Witness's signature:

Date:

Witness (please select the appropriate box):

- Holds appropriate qualifications and/or experience
- Is familiar with the units to which the candidate is working