Completed forms must be retained for IQA and EQA purposes.

|  |  |
| --- | --- |
| **Learner Name** |  |
| **Assessor Name** |  |
| **Tutor Name** (if different from assessor) |  |
| **IQA Name** |  |
| **Course / Qualification Title** |  |
| **Course / Qualification Level** |  |
| **Evidence Assessed** |  |

|  |
| --- |
| Please list the units, learning outcomes and assessment criteria being covered by this activity and explain how each one has been met |
| Unit(s) | Learning Outcome(s) | Assessment Criteria | Met |
|  |  |  |  |

|  |
| --- |
| Comments from Assessor to Learner (on achievement against the assessment criteria) |
|  |
| All Assessment Criteria Fully Met: | Yes [ ]  No [ ]  |
| Assessor Signature: |  | Date: |  |

|  |
| --- |
| Reflective Comments from Learner: |
|  |
|

|  |  |
| --- | --- |
| **Learner Declaration:** | *Please tick (✓)* |
| I **confirm** that the work / evidence I have submitted is my own work and has been created by me |[ ]
| I **understand** that my results may be invalidated ifI have submitted evidence that does not belong to me |[ ]
| All evidence submitted towards my SFJ Awards qualification is current  |[ ]

 |
| Learner Signature: |  | Date: |  |

|  |
| --- |
| Further Actions? *(Initial and date once completed)* |
| Action(s) | DateCompleted | Initials |
|  |  |  |

|  |
| --- |
| Assessor to indicate evidence is: *(please tick ✓)* |
| Valid |  | Authentic |  | Reliable |  | Current |  | Sufficient |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Learner Signature** |  | **Date** |  |
| **Assessor Signature** |  | **Date** |  |