

ELEMENT SUMMARY SHEET

When you are ready to present a vocational evidence portfolio, copy this sheet. Then, fill in the name of the unit, element and performance criteria you are evidencing. Circle how you are presenting that evidence and put this sheet in front of that element in your evidence portfolio. It will help you check that you have put together all the evidence for this element and it will help your assessor (and verifier) do their job quickly and easily to help speed up gaining your Award.

Name of Unit:

Name of Element:

Performance Criteria:

(write the performance criteria of this element next to the bullet points)

(circle the method by which it is being evidenced, see bottom of page for key)

- DO OQ WS PE AR CS RP SR Other
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Key to evidence types:

DO	Direct observation	OQ	Oral questioning	WS	Witness statement
PE	Past evidence	AR	Assignment record	CS	Case study
RP	Role play, simulation	SR	Self report	Other	Not covered by these options

DIRECT OBSERVATION RECORD

Candidate Name:

Unit:

Location:

Element:

Date:

Candidate Number:

Performance Criteria:

Time:

Describe what is going to be observed:

Observer: Report upon what is being observed:

Observer: In your opinion, how competent is the candidate with regards to this performance criteria?

Observer's name:

Signature:

Date:

Candidate: I believe I have fulfilled the requirements of this performance criteria satisfactorily

Signature:

Date:

Assessor/ Verifier: I/ We are satisfied, based upon the evidence provided that this candidate has demonstrated appropriate understanding of this performance criteria providing us with confidence in their competence

Assessor's name:

Signature:

Date:

Verifier's name:

Signature:

Date:

ASSESSOR'S ORAL QUESTIONING RECORD

Candidate Name:

Unit:

Location:

Element:

Date:

Candidate Number:

Performance Criteria:

Time:

Assessor's Question/s	Candidate's Answer/s	Satisfactory? Yes/ No
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Candidate: I believe I have fulfilled the requirements of this performance criteria satisfactorily

Signature:

Date:

Assessor/ Verifier: I/ We are satisfied, based upon the evidence provided that this candidate has demonstrated appropriate understanding of this performance criteria providing us with confidence in their competence

Assessor's name:

Signature:

Date:

Verifier's name:

Signature:

Date:

WITNESS STATEMENT

Candidate Name:

Unit:

Location:

Element:

Date:

Candidate Number:

Performance Criteria:

Time:

Witness: Describe the activity/ ies witnessed:

Witness: In your opinion, how competent is the candidate with regards to this performance criteria?

Type of witness:

- Vocational Qualification Assessor/ Verifier
- Occupational expert familiar with this performance criteria
- Occupational expert not familiar with this performance criteria
- Non expert and not familiar with this performance criteria

Candidate: I believe I have fulfilled the requirements of this performance criteria satisfactorily

Signature:

Date:

Witness Name:

Witness Position:

Witness Telephone:

Date:

Witness Address:

Witness Signature:

I am not related to this candidate and can confirm this statement is true and accurate

PAST EVIDENCE (PRIOR LEARNING) RECORD

Candidate Name:

Unit:

Location:

Element:

Date:

Candidate Number:

Performance Criteria:

Time:

Candidate: Circle the following type of training that you attended to satisfy this performance criteria

In-house External Distance E-learning Other (specify)

Candidate: The date you attended the training was:

Candidate: You must provide evidence of the past training etc., is it attached? Yes/ No

Candidate: Describe how this past evidence enables you to be competent now

Candidate: I can show competence based upon this past evidence to fulfil this performance criteria satisfactorily

Signature:

Date:

Assessor/ Verifier: I/ We are satisfied, based upon the evidence provided that this candidate has demonstrated appropriate understanding of this performance criteria providing us with confidence in their competence

Assessor's name:

Signature:

Date:

Verifier's name:

Signature:

Date:

ROLE PLAY (SIMULATION) ASSESSMENT RECORD

Candidate Name:

Unit:

Location:

Element:

Date:

Candidate Number:

Performance Criteria:

Time:

Describe what is going to be role played, and, why:

Observer: Report upon what is being role played, simulated:

Candidate: Describe how the role play has positively developed your learning:

Observer: In your opinion, how competent is the candidate with regards to this performance criteria?

Observer's name:

Signature:

Date:

Candidate: I believe I have fulfilled the requirements of this performance criteria satisfactorily

Signature:

Date:

Assessor/ Verifier: I/ We are satisfied, based upon the evidence provided that this candidate has demonstrated appropriate understanding of this performance criteria providing us with confidence in their competence

Assessor's name:

Signature:

Date:

Verifier's name:

Signature:

Date:

CANDIDATE SELF REPORTING RECORD

Candidate Name:

Unit:

Location:

Element:

Date:

Candidate Number:

Performance Criteria:

Time:

Candidate: Describe how you have positively developed understanding of this performance criteria:

Candidate: Describe the ways in which you have kept records of your learning:

Candidate: Describe how competent you are with regards to this performance criteria?

Candidate: If someone asked you to demonstrate dealing with this performance criteria now, could you do it **(circle appropriately)**:

Very well Well Reasonably Not very well Don't Know

Candidate: I believe I have fulfilled the requirements of this performance criteria satisfactorily

Signature:

Date:

Assessor/ Verifier: I/ We are satisfied, based upon the evidence provided that this candidate has demonstrated appropriate understanding of this performance criteria providing us with confidence in their competence

Assessor's name:

Signature:

Date:

Verifier's name:

Signature:

Date: