## Individual Witness Statement

|  |  |
| --- | --- |
| **Unit/s** |  |
| **Learner name** |  |
| **Qualification title/s and code/s** |  |
| **Name of witness** |  |
| **Relationship with learner – Manager, Supervisor, Colleague, Tutor, Learning Support Assistant, Other** |  |

Please tick:

|  |  |
| --- | --- |
| **Occupational expert meeting specific qualification requirement for role of expert witness** |  |
| **Occupation/sector/subject expert** |  |
| **Non-expert** |  |

|  |  |
| --- | --- |
| **Task / Activity Performance Criteria** |  |
|  | |

|  |
| --- |
| **Statement of achievement – Give clear and precise examples of where the criteria have been met for each learner** |
|  |

Please tick:

|  |  |  |
| --- | --- | --- |
| **Has the task been achieved for all learners?** | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Signature** | **Print name** | **Date** |
| **Learner** |  |  |  |
| **Witness** |  |  |  |
| **Internal Quality Assurer** |  |  |  |