Technical Verification Report Form



rechnical vehication Report Form													
1 Contact Details													
Assessor:							Technical Verifier:						
Assessor number: (is this a new Assessor?)						Verifier number:							
Qualification being verified:						Last qualification verified:							
Date:						Last Verification Date:							
Start time:					Finish time:								
2 Additional Info													
Assessor Telephone	Num	ber:											
Assessor Email:													
First Aid certificate type:								Expi	ry Date:				
		Last verific	cation report forn	n				•					
Assessor portfolio:			& Standard Setting evidence										
The Verifier must indicate if they have seen the evidence and note dates & further information in the right		Evidence of latest Assessor Manual											
		ARAS/ROA records of feedback											
hand column.		Centre observation (include dates and please note Primary Centre)											
Please be specific about Centre Observations and CPD seen. An action must be added for the		CPD evidenced? (include details)											
Assessor or Centre if the portfolio does not contain		Other evid	dence GRA & SSRA										
the relevant documents.			umber of candida verification?	ates ass	essed								
3 Standards													
The standard applied by the Assessor was: Action(s) recommended by the Verifier:		Too Low	Correct	Too I	High	tecl	assessmer nnique of the sessor was:		Satisfactory				
		1	. No action			2. Re		3 (Standard Settin		4 Re	-Traini	na
		1.	. No action			2. 136	visit	J. (Standard Settii	ig .	4. 100	- I I all II	i ig
Technical Verifier Overa Feedback: Please complete this box full this forms part of the Assess feedback and details must be given If action 2,3 or 4 has been recommended, please indica the Assessor can continue	ly as cors e												
assessing						Ass	essor Statu	ıs:	Maintained		Suspe	nded	
Action required by th Technical Verifier:	ie												
Action required by C & Guilds QA: (Please a invoice details to this section the Assessor is paying for the verification)	dd if												
Action required by th Assessment Centre:	ne												

Assessor number:

(Sections 5,6 & 7)

Assessor name:

8	Implementation of the assessment criteria: Did the Assessor: Please tick the appropriate boxes to indicate whether the Assessor has implemented the assessment criteria in accordance with the scheme requirements. Evidence here supports the declaration made by the Technical Verifier in Section 3										
Α	Correctly interpret										
В	Assess ALL the re	ss ALL the relevant assessment criteria?									
С	Ensure that the ca	Ensure that the candidate's performance was consistent with the assessment standard?									
9	Previous Verifi	Yes	No	Partially							
Α	·										
В		e been completed & has evidence been provided? at you add comments below:									
Со	mments:										
10 New Action Plan If required, please indicate the follow up action that is now required in relation to the verification											
Re	port Reference	New Action Plan	By whe	en?	ı	No action					
	Assessors ertfolio:										
	I: Preparation of sessment:										
_	2: Performance o sessment:	f									
	Equal Opportuni Access:	ties									
	Completion of sessment:										
the	Implementation of assessment iteria:	of									
As	sessor commen		ad.	Net 0	otiof:	ı.					
		Satisfient: I agree with the content of this report and accept the Verifiers recommoraining or an additional visit is required or I do not meet the required number.	endations. I	also acc							
Te	chnical Verifier gnature:	Assessor signature									
As	sessor name:	Assessor number:									