

Technical Verification 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 Number:																													
Assessor Email:																													
First Aid certificate type:															Expiry Date:														
Assessor portfolio: <i>The Verifier must indicate if they have seen the evidence and note dates & further information in the right hand column.</i> <i>Please be specific about Centre Observations and CPD seen. An action must be added for the Assessor or Centre if the portfolio does not contain the relevant documents.</i>										Last verification report form																			
										Update & Standard Setting evidence																			
										Evidence of latest Assessor Manual																			
										ARAS/ROA records of feedback																			
										Centre observation (include dates and please note Primary Centre)																			
										CPD evidenced? (include details)																			
										Other evidence GRA & SSRA																			
										Approx. number of candidates assessed since last verification?																			
3																				Standards									
The standard applied by the Assessor was:										Too Low		Correct		Too High		The assessment technique of the Assessor was:				Satisfactory									
																				Unsatisfactory									
Action(s) recommended by the Verifier:										1. No action				2. Revisit				3. Standard Setting				4. Re-Training							
Technical Verifier Overall Feedback: <i>Please complete this box fully as this forms part of the Assessors feedback and details must be given</i> <i>If action 2,3 or 4 has been recommended, please indicate if the Assessor can continue assessing</i>																													
																				Assessor Status:				Maintained				Suspended	
Action required by the Technical Verifier:																													
Action required by City & Guilds QA: (Please add invoice details to this section if the Assessor is paying for this verification)																													
Action required by the Assessment Centre:																													

4	Verification – Details of Candidates assessed					
Candidate Name		Units	Met or Not Met	Start Time	Finish Time	
5	Observation of Assessment(s)					
5.1	Preparation for the Assessment: Did the Assessor:			Yes	No	Partially
A	Check all the required assessments documents were in place					
B	Check that all the facilities, resources & information were available					
C	Introduce self (ID card) and put candidate(s) at ease?					
D	Check candidate's ID from booking form/pre populated CARF?					
E	Complete a Site Specific Risk Assessment (SSRA)?					
F	Identify hazards, evaluate risks & implement appropriate controls?					
G	Ensure that the candidate completed the personal details of the SSRA?					
H	Explain the assessment procedure & documentation?					
I	Give an adequate briefing on the assessment process?					
J	Give the candidate a clear explanation as to their rights regarding the clarification of questions or instructions, plus access to Operators Manual & Training notes?					
5.2	Performance of the Assessment: Did the Assessor:			Yes	No	Partially
A	Remain attentive to the candidate?					
B	Remain unobtrusive during the assessment?					
C	Use clear & concise instructions?					
D	Use an open questioning style?					
E	Use the Qualification Guidance as a working document?					
F	Avoid leading the candidate?					
G	Correctly record the results on the Guidance?					
H	Clearly inform the candidate of the result?					
I	Make the correct decision?					
J	Give the candidate clear & constructive feedback & record it on the paperwork?					
K	Give feedback appropriate to the candidate's level of confidence?					
6	Equal Opportunities and Access: Did the Assessor:			Yes	No	N/A
A	Adopt a flexible assessment strategy to ensure the candidate was not disadvantaged?					
B	Remove barriers without giving an unfair advantage over other Candidates?					
7	Completion of the Assessment: Did the Assessor:			Yes	No	Partially
A	Encourage the candidate to comment verbally on the process & decision made?					
B	Ask the candidate to record a comment on the CARF/ROA?					
C	Correctly complete all of the sections of the CARF/ARAS/ROA?					
D	Ensure that all relevant paperwork was signed by the candidate and themselves?					
E	Give the candidate a copy of the ARAS/ROA?					
F	Explain the certification or re-assessment process clearly?					
Comments on Assessor performance: <small>(Sections 5,6 & 7)</small>						
Assessor name:		Assessor number:				

8	Implementation of the assessment criteria: Did the Assessor: <i>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</i>			Yes	No	
A	Correctly interpret the assessment criteria using the guidance?					
B	Assess ALL the relevant assessment criteria?					
C	Ensure that the candidate's performance was consistent with the assessment standard?					
9	Previous Verification Report Form			Yes	No	Partially
A	Were there any actions noted on the last VRF or on the observation form completed by the IQA					N/A
B	If YES – have these been completed & has evidence been provided? <i>Please ensure that you add comments below:</i>					
Comments:						
10	New Action Plan <i>If required, please indicate the follow up action that is now required in relation to the verification</i>					
Report Reference		New Action Plan		By when?		No action
2: Assessors portfolio:						
5.1: Preparation of assessment:						
5.2: Performance of assessment:						
6: Equal Opportunities & Access:						
7: Completion of assessment:						
8: Implementation of the assessment criteria:						
Assessor comments:						
		Satisfied:		Not Satisfied:		
Assessor Statement: I agree with the content of this report and accept the Verifiers recommendations. I also accept that a charge is incurred if further training or an additional visit is required or I do not meet the required numbers of assessments.						
Technical Verifier signature:			Assessor signature			
Assessor name:			Assessor number:			