

#### **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.

Na	me	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 DO OQ WS PE AR CS RP SR Other

Witness statement

•	DO	OQ	ws	PE	AR	CS	RP	SR	Other
•	DO	OQ	ws	PE	AR	cs	RP	SR	Other
•	DO	OQ	ws	PE	AR	cs	RP	SR	Other
•	DO	OQ	WS	PE	AR	cs	RP	SR	Other
•	DO	OQ	WS	PE	AR	CS	RP	SR	Other
	DO	OQ	ws	PE	AR	cs	RP	SR	Other
•	DO	OQ	WS	PE	AR	cs	RP	SR	Other
•	DO	OQ	ws	PE	AR	cs	RP	SR	Other
•	DO	OQ	WS	PE	AR	cs	RP	SR	Other
•	DO	OQ	WS	PE	AR	CS	RP	SR	Other

#### Key to evidence types:

DO Direct observation OQ Oral questioning WS
PE Past evidence AR Assignment record CS

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:		Candidate Number:
Unit:	Element:	Performance Criteria:
Location:	Date:	Time:
Describe what is going to be ob	served:	
Observer: Report upon what is	being observed:	
Observer: In your opinion, how	competent is the candidate	with regards to this
performance criteria?	competent is the cumulate	Togal us to time
		· ·
Observer's name:	Signature:	Date:
Candidata: I baliana I bana fulfi	llad the very increase of this	a of suppose of cuit onic
<b>Candidate:</b> I believe I have fulfi satisfactorily	ned the requirements of this	performance criteria
Satisfactority		
Signature:	Date:	
0.8.14441.0.	Date	
Assessor/ Verifier: I/ We are sat	isfied, based upon the evider	ice provided that this candidate
has demonstrated appropriate u		
confidence in their competence		
Assessor's name:	Signature:	Date:
Verifier's name:	Signature:	Date:



## **ASSESSOR'S ORAL QUESTIONING RECORD**

Candidate Name:		Candidate Number:
Unit:	Element:	Performance Criteria:
Location:	Date:	Time:
Assessor's Question/s	Candidate's Answer/s	Satisfactory? Yes/ No
Candidate: I believe I have fu	ulfilled the requirements of th	nis performance criteria
satisfactorily	ea the requirements of th	no periormanee enteria
,		
Signature:	Date:	
		dence provided that this candidate
		rmance criteria providing us with
confidence in their competen	ce	11049
Assessor's name:	Signature:	Date:
Verifier's name:	Signature:	Date:
	2.0	2 4.6.



Candidate Name:		Candidate Number:
Unit:	Element:	Performance Criteria:
Location:	Date:	Time:
Г <u>- и</u>		
Witness: Describe the act	ivity/ ies witnessed:	
Witness: In your opinion.	how competent is the cand	idate with regards to this
performance criteria?	non competent is the cana	Julio IIIII I ogai uo to tiiio
periormance criteria:		
Type of witness:	( ) Vocational Qualificat	ion Assessor/ Verifier
7,000		familiar with this performance criteria
		not familiar with this performance criteria
		amiliar with this performance criteria
Candidate: I believe I have	e fulfilled the requirements of	of this performance criteria
satisfactorily		
Signature:	D	ate:
Witness Name:	Witness Posi	tion:
Witness Telephone:	Date:	
'		
Witness Address:	Witness Sign	ature:
	I am not relat	ed to this candidate and can confirm this
	statement is t	rue and accurate

Candidate Name:

Unit:

# PAST EVIDENCE (PRIOR LEARNING) RECORD

Element:

Candidate Number:

Performance Criteria:

Location:	Date	e:	Time:
Candidate:		pe of training that y	ou attended to satisfy this
	performance criteria		
	In-house External D	oistance F-learning	Other (specify)
4	III Hodge External B	istance 2 learning	Series (spesify)
Candidate:	The date you attended	the training was:	
Candidate:	You must provide evid	lence of the past tra	ining etc., is it attached? Yes/ No
Candidate:	Describe how this past	t evidence enables y	ou to be competent now
			V 4
Canadialata			identification of management
		ised upon this past e	vidence to fulfil this performance
criteria satisfa	actorily		
Signature:		Date:	
			dence provided that this candidate
		tanding of this perfo	ormance criteria providing us with
confidence in	their competence		
Assessor's na	me:	Signature:	Date:
Verifier's nan		Signature:	Date:

Candidate Name:

Verifier's name:

## **ROLE PLAY (SIMULATION) ASSESSMENT RECORD**

Candidate Number:

Date:

Unit:	Element:	Performance Criteria:
Location:	Date:	Time:
Describe what is going to be r	ole played, and, why:	
Observer: Report upon what	is being role played, sim	ulated:
Candidate: Describe how the	role play has positively	developed your learning:
Observer: In your opinion, ho	w competent is the can	didate with regards to this
performance criteria?	w competent is the cane	and to this
Observer's name:	Signature:	Date:
Observer sindine.	Jigilature.	Dute.
Candidate: I believe I have fu	Ifilled the requirements	of this performance criteria
satisfactorily		,
Signature:	Date:	
		evidence provided that this candidate
confidence in their competence		erformance criteria providing us with
confidence in their competent		y iioud
Assessor's name:	Signature:	Date:

Signature:

Candidate Name:

Assessor's name:

Verifier's name:

### **CANDIDATE SELF REPORTING RECORD**

Unit:	Element:	Performance Criteria:	
Location:	Date:	Time:	
Candidate:	Describe how you have positively	developed understanding of this	
	performance criteria:		
Candidate:	Describe the ways in which you ha	ave kept records of your learning:	
Candidate:	Describe how competent you are	with regards to this performance criteria?	
Candidate:	If someone asked you to demonst	rate dealing with this performance criteria	
	now, could you do it (circle approp	oriately):	
	Very well Well Reasonably	Not very well Don't Know	
Candidate:	I believe I have fulfilled the requirer	ments of this performance criteria	
satisfactorily	•	•	
Signature:	Date:		
Assessor/ Verifier: I/ We are satisfied, based upon the evidence provided that this candidate			
		f this performance criteria providing us with	
confidence in their competence			

Candidate Number:

Date:

Date:

Signature:

Signature: