Professional Discussion Form

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| **Professional discussion form** |
| **Qualification title** |  | **Qualification number** |  |
| **Learner name** |  | **City & Guilds Number** |  |

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| **Record of discussion (key points only if recorded)** | **Time reference****(if recorded)** |
| Please continue on a separate sheet if required |  |
| **Units covered within this discussion** | **Outcomes covered in units** |
|  |  |

**Assessor/trainer/learner declaration:**

*I confirm that I have assessed all of the work produced and have ensured that the work is that of the named learner. I have ensured that during the learning process the evidence is authentic, sufficient, valid and current to the standards required.*

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| **Assessor/trainer name** |  | **Date**  | DD/MM/YY |
| **Assessor/trainer signature** |  |
| **Learner signature** |  |