

RECORDING FORMS FOR CENTRES AND CANDIDATES

Version 1.1
May 2016
For external use

This is Version 1.1 of the City & Guilds *Recording Forms for Centres* document.
This policy is subject to regular revision, and maintained electronically. Electronic copies are version controlled.

Contents

Form	Title	Page
Form 1	Candidate and centre details	5
Form 2	Candidate profile	6
Form 3	Candidate skill scan	7
Form 4	Expert / witness status list	8
Form 5	Assessment plan, review and feedback	9
Form 6	Performance evidence record	11
Form 7	Questioning evidence record	13
Form 8	Professional discussion evidence record	14
Form 9A	Evidence location sheet	16
Form 9B	Evidence location sheet	17
Form 10	Unit assessment and verification declaration	18
Form 11A	Summary of unit and qualification achievement	19
Form 11B	Summary of unit and qualification achievement	20

Recording forms for candidate portfolios

City & Guilds has developed these recording forms, for new and existing centres to use as appropriate. Alternatively, City & Guilds endorses a number of electronic recording systems. For details, go to the e-Portfolios page on www.smartscreen.co.uk.

Form 1: Candidate and centre details

Form used to record

- candidate and centre details
- units/qualification(s) being assessed
- details and signatures of assessor(s) and internal quality assurer(s).

This should be the first page of the candidate portfolio.

Form 2: Candidate profile

Form used if the candidate does not have an appropriate Curriculum Vitae (CV) for inclusion in the portfolio.

Form 3: Candidate skill scan

Form used to record a candidate's existing skills and knowledge.

Form 4: Expert/witness status list*

Form used to record the details of all those who have witnessed candidate evidence.

Form 5: Assessment plan, review and feedback*

Form used to record unit assessment plans, reviews and feedback to the candidate. The form allows for a dated, ongoing record to be developed.

Form 6: Performance evidence record*

Form used to record details of activities observed, witnessed or for which a reflective or self account has been produced. For some, a customised alternative record may be provided in the qualification handbook.

Form 7: Questioning evidence record*

Form used to record the focus of, and responses to, assessor devised questions. (For qualifications which use question banks or online testing, the location of this evidence should be recorded on Form 9, Evidence location sheet.)

Form 8: Professional discussion evidence record

Form used to record the scope and outcome of professional discussion if it is used

Form 9: Evidence location sheet*

Form used to identify what requirements each piece of evidence covers and where it is located, including questioning records which are held elsewhere (for example, because they were conducted online).

This form is available in portrait (9A) and landscape (9B) format.

Form 10: Unit assessment and verification declaration*

Form used on completion of each unit to meet the Ofqual requirement for a statement on authenticity. If this form is not used, there must be a written declaration, at unit level, signed by the assessor and the candidate, that the evidence is authentic and that the assessment was conducted under the specified conditions or context. (See Supporting Customer Excellence Centre Manual.)

Form 11: Summary of unit and qualification achievement*

Form used to record the candidate's on-going completion of units and progress to final achievement of the complete unit and/or qualification.

This form is available in portrait (11A) and landscape (11B) format.

**These forms, or approved alternatives, are a requirement. The other forms have been designed to support the assessment and recording process.*

Please photocopy the forms as required.

FORM 1**CANDIDATE AND CENTRE DETAILS**

Keep a record of relevant contact details in the space provided below:

City & Guilds qualification title:			
Qualification number:		Level:	

Candidate details			
Name:		Signature:	
City & Guilds registration / unique learner number (ULN):			
Date enrolled with centre:			
Date registered with City & Guilds:			

Centre details			
Name:		Number:	
Contact number:			
Centre Contact name and contact number:			

Internal Quality Assurer details			
Name:		Signature:	
Contact number:		Position:	

Assessor details			
(1) Name:		Signature:	
Contact number:		Position:	
Type (please tick):	Work-based <input type="checkbox"/> Peripatetic <input type="checkbox"/> Independent <input type="checkbox"/>		
Assessing unit(s):			
(2) Name:		Signature:	
Contact number:		Position:	
Type (please tick):	Work-based <input type="checkbox"/> Peripatetic <input type="checkbox"/> Independent <input type="checkbox"/>		
Assessing unit(s):			

FORM 2**CANDIDATE PROFILE**

If you have a CV you can use that instead of this form.

Name: _____

Place of work: _____

Assessor: _____

Outline of current job role:

--

Previous relevant work roles and responsibilities, including voluntary work:

--

Previous relevant qualifications and training:

--

Candidate name: _____

Unit	Duties	Examples Experience/qualifications	Training required
001			
002			
003			
004			

Qualification title: _____

Unit title: _____

Candidate name: _____

Please ensure that all witnesses who have signed the candidate's evidence or written a report are included on this witness status list. All necessary details must be included and signed by the witness as being correct.

Witness name and signature	Status*	Professional relationship to candidate**	Unit or outcomes witnessed	Date

***Witness status categories**

1. Occupational expert meeting specific qualification requirement for role of Expert Witness; 2. Occupational expert not familiar with the standards; 3. Non-expert familiar with the standards; 4. Non-expert not familiar with the standards.

****Professional relationship to candidate**

Manager = M Supervisor = S Colleague = Coll Customer = Cus Other (please specify) _____

Assessor signature: _____ Date: _____

FORM 5
ASSESSMENT PLAN, REVIEW AND FEEDBACK

Candidate name: _____

Assessor name: _____

Unit number(s) and title(s): _____

This record can be used for single and multiple unit planning. Remember that all planning should be SMART – Specific, Measurable, Achievable, Realistic and Time Bound.

Date action agreed	What has to be done / What has been reviewed and the feedback / Record of judgment or outcome	Date to be done by / Date done	Candidate and assessor signatures	Evidence reference

Date action agreed	What has to be done / What has been reviewed and the feedback / Record of judgment or outcome	Date to be done by / Date done	Candidate and assessor signatures	Evidence reference

I/we confirm that the above is an accurate record of the discussion.

Candidate signature: _____ Date: _____

Assessor signature: _____ Date: _____

Qualification/unit: _____

Candidate name: _____

Use this form to record details of activities (tick as appropriate)

- observed by your assessor**
 seen by expert witness
 seen by witness
 self / reflective account

Evidence ref(s):

Unit number(s):

NB Your assessor may wish to ask you some questions relating to this activity. There is a separate sheet for recording these. The person who observed/witnessed your activity must sign and date overleaf.

Unit(s)	Learning outcome(s)	Assessment criteria	Evidence

Unit(s)	Learning outcome(s)	Assessment criteria	Evidence

I confirm that the evidence listed is my own work and was carried out under the conditions and context specified in the standards.

Candidate signature: _____ Date: _____

Assessor/Expert Witness* signature: _____ Date: _____

*delete as appropriate

Internal Quality Assurer signature (if sampled): _____ Date: _____

FORM 7**QUESTIONING EVIDENCE RECORD**

Unit: _____

Candidate name: _____

Unit	Learning outcome(s)	Assessment criteria	Questions	Answers

The above is an accurate record of the questioning.

Candidate signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal Quality Assurer signature (if sampled): _____ Date: _____

FORM 8

PROFESSIONAL DISCUSSION EVIDENCE RECORD

Candidate name: _____

Assessor name: _____

Unit	Learning outcome(s)	Assessment criteria	What is to be covered in the discussion	Counter ref

Outline record of discussion content

Assessment decision and feedback to candidate

The above is an accurate record of the discussion.

Candidate signature: _____ Date: _____

Assessor signature: _____ Date: _____

Internal Quality Assurer signature (if sampled): _____ Date: _____

FORM 9B

EVIDENCE LOCATION SHEET



Candidate name: _____

Unit number/title: _____

Item of evidence	Loc*	Ref	Link to assessment criteria (✓)																			
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

* Location key: P = portfolio, O = office (add further categories as appropriate)

Qualification title: _____

Unit number and title: _____

Candidate declaration

I confirm that the evidence listed for this unit is my own work.

Candidate name: _____

Signature: _____ Date: _____

City & Guilds registration / unique learner number (ULN): _____

Assessor declarationI confirm that this candidate has achieved all the requirements of this unit with the evidence listed.
(Where there is more than one assessor, the co-ordinating assessor for the unit should sign this declaration.)

Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

Assessor name: _____

Assessor signature: _____ Date: _____

Countersignature: (if relevant) _____ Date: _____

(For staff working towards the assessor qualification)

Internal Quality Assurer declaration

I have internally quality assured the assessment work on this unit by carrying out the following (please tick):

 sampling candidate and assessment evidence**Date:** _____ discussion with candidate

Date: _____

 observation of assessment practice

Date: _____

 other – please state: _____

Date: _____

I confirm that the candidate's sampled work meets the standards specified for this unit and may be presented for external quality assurance and/or certification.

 Not sampled

Internal Quality Assurer name: _____

Internal Quality Assurer signature: _____ Date: _____

Countersignature: (if relevant) _____ Date: _____

(For staff working towards the internal quality assurer award)

FORM 11B**SUMMARY OF UNIT AND QUALIFICATION ACHIEVEMENT**

Candidate name: _____ Signature: _____
 City & Guilds registration number: _____ Date: _____
 Centre name: _____ Centre number: _____

Unit	Title	Internal quality assurance		Grade achieved <i>(if appropriate)</i>	Signatures			
		Date	Types of evidence <i>(see key)</i>		Assessor*	Candidate	IQA*	EQA <i>(if sampled)</i>

Key for types of evidence
 (please extend if necessary):

O = Observation; Q = Questioning; P = Work products; C = Candidate/Reflective account; S = Simulation; PD = Professional discussion;
A = Assignments, projects/case studies; WT = Witness testimony; ET = Expert witness testimony; RPL = Recognition of prior learning

*If there is a second line assessor/IV, both must sign.

Competence has been demonstrated in all of the units/the qualification recorded above using the required assessment procedures and the specified conditions/contexts. The evidence meets the requirements for validity, authenticity, currency, reliability and sufficiency.

Internal quality assurer signature: _____ Date: _____

