Expert Witness (EWT) Testimony Form

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| **Name of Expert Witness** |  |
| **Job role/Title** |  |
| **Relationship to learner**  |  |
| **Name of learner** |  | **City & Guilds number** |  |
| **Testimony completed by** |  |  |  |

At the discretion of the Assessor/Trainer:

* The number of practice examples could be specified and over a specific period of time if/where required
* A minimum and maximum word count could be included for the testimony to ensure focus and clarity when completed

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| **Qualification title** |  | **Qualification number** |  |
| **Unit title** |  | **Unit number** |  |
| **Unit criteria** | **Testimony:** to include examples of learner practice to demonstrate consistency |
|  | Please continue on a separate sheet if required |
| **Expert Witness signature** |  | **Date** | DD/MM/YY |
| **Learner signature** |  | **Date** | DD/MM/YY |

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| **I agree as the Expert Witness that the above statement, written by the named learner, is a true reflection of the events in respect of their practice.****Further comments by the EW** |
| Please continue on a separate sheet if required |
| **Expert Witness signature** |  | **Date** | DD/MM/YY |