

# RECORDING FORMS

For centres and candidates



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# 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 [SmartScreen.co.uk](http://SmartScreen.co.uk).

\*Forms 4, 5, 6, 7, 9, 10 and 11, or approved alternatives, are a requirement. The other forms have been designed to support the assessment and recording process.

## **Candidate and centre details (Form 1)**

Form used to record candidate and centre details, and the units/qualification(s) being assessed and details and signatures of assessor(s) and internal quality assurer(s).

This should be the first page of the candidate portfolio.

## **Candidate profile (Form 2)**

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

## **Candidate skill scan (Form 3)**

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

## **Expert/witness status list (Form 4)\***

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

## **Assessment plan, review and feedback (Form 5)\***

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

## **Performance evidence record (Form 6)\***

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.

## **Questioning evidence record (Form 7)\***

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.)

## **Professional discussion evidence record (Form 8)**

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

## **Evidence location sheet (Form 9)\***

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.

**Unit assessment and verification declaration (Form 10)\***

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*.)

**Summary of unit and qualification achievement (Form 11)\***

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.

**Please photocopy the forms as required.**

# FORM 1 CANDIDATE AND CENTRE DETAILS



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

<b>City &amp; Guilds qualification title:</b>			
Qualification number:		Level:	

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

<b>Centre details</b>			
Name:		Number:	
Contact number:			
Centre Contact name and contact number:			

<b>Internal Quality Assurer details</b>			
Name:		Signature:	
Contact number:		Position:	

<b>Assessor details</b>			
(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):			



Candidate name: \_\_\_\_\_

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

# FORM 4 EXPERT / WITNESS STATUS LIST



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

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**

<b>Evidence ref(s):</b>
<b>Unit number(s):</b>

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: \_\_\_\_\_

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)

# FORM 10 UNIT ASSESSMENT AND QUALITY ASSURANCE DECLARATION



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 declaration

I 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):

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> <b>sampling candidate and assessment evidence</b> | <b>Date:</b> _____ |
| <input type="checkbox"/> discussion with candidate                         | Date: _____        |
| <input type="checkbox"/> observation of assessment practice                | Date: _____        |
| <input type="checkbox"/> 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 11A 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 (if appropriate)	Signatures			
		Date	Types of evidence (see key)		Assessor*	Candidate	IQA*	EQA (if sampled)

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

**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

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: \_\_\_\_\_

# 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 (if appropriate)	Signatures			
		Date	Types of evidence (see key)		Assessor*	Candidate	IQA*	EQA (if sampled)

**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: \_\_\_\_\_

