Level 3 NVQ Certificate in Installing and Commissioning Refrigeration Systems (6187-05)



Candidate performance evidence logbook 600/0907/X

www.cityandguilds.com February 2012 Version 1.0

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As the UK's leading vocational education organisation, City & Guilds is leading the talent revolution by inspiring people to unlock their potential and develop their skills. We offer over 500 qualifications across 28 industries through 8500 centres worldwide and award around two million certificates every year. City & Guilds is recognised and respected by employers across the world as a sign of quality and exceptional training.

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Level 3 NVQ Certificate in Installing and Commissioning Refrigeration Systems (6187-05)



Candidate performance evidence logbook

www.cityandguilds.com February 2012 Version 1.0

| Qualification title | Number | QAN |
|---|---------|------------|
| Level 3 NVQ Certificate in Installing and Commissioning Refrigeration Systems | 6187-05 | 600/0907/X |

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Contents

| 1 | About your candidate logbook | 5 |
|-------------|---|----|
| 1.1 | Contact details | 5 |
| 1.2 | Introduction to the logbook | 6 |
| 2 | The assessment process | 7 |
| 3 | Using your logbook | 8 |
| 4 | Qualification structures | 9 |
| 5 | Overall Unit Sign-off | 10 |
| Unit 310 | Install and commission halocarbon 'fluorinated' refrigeration systems | 11 |
| On Site As | sessment Plan / Feedback | 19 |
| On Site Ob | servation Report | 20 |
| Supplemen | ntary Evidence Sheet | 21 |
| Oral Quest | ioning Supplementary Evidence Sheet | 22 |
| Photograp | hic Supplementary Evidence | 23 |
| Workplace | Recorder Details | 24 |
| Assessor C | Continuation Sheet | 25 |
| Signature 9 | Sheet | 26 |
| Appendix | 1 Summary of City & Guilds assessment policies | 27 |

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1 About your candidate logbook

1.1 Contact details

| Canadi data mana | |
|---|--|
| Candidate name | |
| Candidate enrolment no | |
| | |
| Centre name | |
| Centre number | |
| Programme start date | |
| Date of registration with City & Guilds | |

Keep a record of relevant contact details in the space provided below. You may find it helpful to make a note of phone numbers and e-mail addresses here.

| Your Assessor(s) | |
|---------------------------------|--|
| Your Internal Verifier | |
| Quality Assurance Contact | |

1 About your candidate logbook

1.2 Introduction to the logbook

This logbook will help you complete the units in City & Guilds' **Level 3 NVQ Certificate in Installing and Commissioning Refrigeration Systems (6187-05)**. It contains forms you can use to record the evidence of what you have done.

About City & Guilds

City & Guilds is your awarding body for this qualification. City & Guilds is the UK's leading awarding body for vocational qualifications.

Information about City & Guilds and our qualifications is available on our website **www.cityandguilds.com**.

2 The assessment process

The following people at your centre will explain the assessment process and help you achieve your unit(s).

The assessor/tutor

The assessor/tutor is the person you will have the most contact with as you work towards your unit(s). You may have more than one assessor/tutor depending on which unit(s) you take or you may be assessed by a person who is not your tutor.

The internal verifier

The internal verifier maintains the quality of assessment within the centre.

The external verifier

The external verifier works for City & Guilds and helps to ensure that your centre meets the required standards for quality and assessment.

3 Using your logbook

Recording forms

This logbook contains all of the forms you and your assessor will need to plan, review and organise your evidence. Your assessor will be able to help you decide which forms you need to complete and help you fill them in.

Please photocopy these forms as required.

4 Qualification structures

To achieve the **Level 3 Certificate in Installing and Commissioning Refrigeration Systems (6187-05)**, learners must achieve **34** credits from the following **4** mandatory units.

| Unit accreditation number | City & Guilds unit | Unit title | Credit value |
|---------------------------------|--------------------------|--|-----------------|
| K/602/4998 | 302/602 | Understand and carry out electrical work on RAC systems and components | 12 |
| R/602/2498 | 303 | Understand how to organise resources within BSE | 3 |
| Y/502/9300 | 308 | Understand halocarbon 'fluorinated' refrigeration system installation and commissioning techniques | 16 |
| M/502/9304 | *310 | Install and commission halocarbon 'fluorinated' refrigeration systems | 3 |

This Logbook includes only those units assessed by performance in the workplace (marked with an \star).

5 Overall Unit Sign-off

The following unit is included in the rules of combination for the **Level 3 NVQ Certificate in Installing and Commissioning Refrigeration Systems (6187-05).** Learners must achieve this portfolio unit to contribute towards achievement of the overall qualification.

| City & Guilds unit | Unit title | Unit Achieved Yes/No | Assessor Initials | Date |
|--------------------------|---|----------------------------|----------------------|------|
| 310 | Install and commission halocarbon 'fluorinated' refrigeration systems | | | |

Declaration

I confirm that the evidence supplied for the above selected unit is authentic and a true representation of my own work. The work logged is my own work carried out during my normal work duties.

The answers in the question bank are my own work and discussed with my assessor on completion. I have been observed in my workplace by my assessor on several occasions.

| Candidate Name: | |
|----------------------|--|
| Candidate Signature: | |
| Date: | |

I confirm that this candidate has achieved all the requirements of the selected unit with the evidence listed. Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

| Assessor Name: | |
|---------------------|--|
| Assessor Signature: | |
| Date: | |
| | |

| IV Name: | |
|---------------|--|
| IV Signature: | |
| Date: | |

Unit 310 Install and commission halocarbon 'fluorinated' refrigeration systems

Level: 3 Credit value: 3

UAN: M/502/9304

| | | missioning | of |
|--|--|---|---|
| | Candidate initials | Assessor initials | Evidence reference |
| confirm that all information is available prior to planning installation or commissioning activities | | | |
| confirm that all tools, equipment and materials are available and fit for use prior to commencement of the work | | | |
| confirm that all persons relevant to the installation or commissioning activity are identified and that lines of communication are established | | | |
| ensure that all necessary risk assessment and safe working procedure development has been undertaken prior to work commencement | | | |
| carry out site survey to identify any variations or deviations to planned work or any structural or access issues which need to be resolved prior to work commencement | | | |
| identify safe storage arrangements for tools, equipment and materials prior to commencement of installation or commissioning activity | | | |
| plan safe access to work areas and confirm with responsible person on site | | | |
| confirm the site arrangements for: | | | |
| • security | | | |
| fire precaution and control | | | |
| complete preparatory work as necessary in relation to location, siting and fixing of cold stores, including: | | | |
| insulated panels | | | |
| steel framework – internal or external arrangements | | | |
| • piping | | | |
| jointing by brazing or flaring | | | |
| | confirm that all information is available prior to planning installation or commissioning activities confirm that all tools, equipment and materials are available and fit for use prior to commencement of the work confirm that all persons relevant to the installation or commissioning activity are identified and that lines of communication are established ensure that all necessary risk assessment and safe working procedure development has been undertaken prior to work commencement carry out site survey to identify any variations or deviations to planned work or any structural or access issues which need to be resolved prior to work commencement identify safe storage arrangements for tools, equipment and materials prior to commencement of installation or commissioning activity plan safe access to work areas and confirm with responsible person on site confirm the site arrangements for: • security • fire precaution and control complete preparatory work as necessary in relation to location, siting and fixing of cold stores, including: • insulated panels • steel framework – internal or external arrangements • piping | confirm that all information is available prior to planning installation or commissioning activities confirm that all tools, equipment and materials are available and fit for use prior to commencement of the work confirm that all persons relevant to the installation or commissioning activity are identified and that lines of communication are established ensure that all necessary risk assessment and safe working procedure development has been undertaken prior to work commencement carry out site survey to identify any variations or deviations to planned work or any structural or access issues which need to be resolved prior to work commencement identify safe storage arrangements for tools, equipment and materials prior to commencement of installation or commissioning activity plan safe access to work areas and confirm with responsible person on site confirm the site arrangements for: • security • fire precaution and control complete preparatory work as necessary in relation to location, siting and fixing of cold stores, including: • insulated panels • steel framework – internal or external arrangements • piping | confirm that all information is available prior to planning installation or commissioning activities confirm that all tools, equipment and materials are available and fit for use prior to commencement of the work confirm that all persons relevant to the installation or commissioning activity are identified and that lines of communication are established ensure that all necessary risk assessment and safe working procedure development has been undertaken prior to work commencement carry out site survey to identify any variations or deviations to planned work or any structural or access issues which need to be resolved prior to work commencement identify safe storage arrangements for tools, equipment and materials prior to commencement of installation or commissioning activity plan safe access to work areas and confirm with responsible person on site confirm the site arrangements for: • security • fire precaution and control complete preparatory work as necessary in relation to location, siting and fixing of cold stores, including: • insulated panels • steel framework – internal or external arrangements • piping |

| | confirming requirements for: | | |
|----|---|--|--|
| | cleanliness inside pipes by purging with OFN | | |
| | - insulation | | |
| | electrical supply | | |
| | - condensate disposal | | |
| | positioning of condensing unit | | |
| | positioning of evaporator | | |
| | - control arrangements | | |
| 10 | complete preparatory work as necessary in relation to the location, siting and fixing of the following frost heave arrangements: | | |
| | electric heater mats | | |
| | glycol circulation | | |
| | air circulation | | |
| 11 | confirm the installation requirements in respect of location, siting and fixing of vapour compression systems other than one stage of compression and/or more than one evaporator coil: | | |
| | compound systems | | |
| | cascade systems | | |
| | compressor 'pack' arrangements | | |
| | multi-temperature systems | | |
| 12 | confirm the installation requirements in respect of location, siting and fixing of: | | |
| | secondary systems | | |
| | cooling towers | | |
| | evaporative coolers | | |
| | water cooled condensers | | |
| 13 | confirm the installation requirements in respect of location, siting and fixing of vapour compression systems using: | | |
| | screw compressors | | |
| | centrifugal compressors | | |
| | rotary compressors | | |
| | scroll compressors. | | |
| | | | |

| Outcome 2 | Be able to carry out the installation of haloca systems | rbon (fluori | nated) refr | igeration |
|-----------|--|--------------------|-------------------|-----------------------|
| Criteria | | Candidate initials | Assessor initials | Evidence reference |
| 1 | identify and interpret appropriate sources of information which impact upon the installation of refrigeration pipework, systems and components, including: | | | |
| | regulatory documents | | | |
| | industry codes of practice | | | |
| | manufacturer's instructions | | | |
| | installation specification | | | |
| 2 | demonstrate appropriate methods for positioning and fixing: | | | |
| | underfloor heating arrangements, to include laying: | | | |
| | glycol heating pipe circuit or electric heater mats | | | |
| | insulation floor slabs | | | |
| | vapour barriers | | | |
| | condensate drains | | | |
| | pipework and pipe insulation | | | |
| | internal racking | | | |
| | pressure, temperature and flow controls | | | |
| | • insulation floor slabs | | | |
| | vapour barriers | | | |
| 3 | confirm that contraction joints are fixed correctly in position within the floor slab as required | | | |
| 4 | erect steel frameworks required for refrigeration systems | | | |
| 5 | position and fix slip sheet and supervise the laying of the appropriate floor slab | | | |
| 6 | complete the sealing junction locations, including: | | | |
| | • roof and wall | | | |
| | floor and wall | | | |
| 7 | complete the interconnection and fixing of electrical power and communication components | | | |
| 8 | confirm that installed system components and pipework are correctly installed in accordance with the installation specification | | | |
| 9 | confirm that the worksite has been cleared in preparation for system testing. | | | |

| Outcome 3 | Be able to carry out the pre-commissioning or refrigeration systems | f halocarbo | n (fluorina | ted) |
|-----------|--|--------------------|-------------------|--------------------|
| Criteria | | Candidate initials | Assessor initials | Evidence reference |
| 1 | revisit risk assessment and safe working procedure to confirm currency and validity prior to commencement of pre-commissioning | | | |
| 2 | identify placement of components to design drawings | | | |
| 3 | carry out the following pre-commissioning checks and tests in accordance with industry and safety requirements: | | | |
| | preliminary checks, including: | | | |
| | unit inspection | | | |
| | confirmation of: plant details, unit nameplate details and compressor details | | | |
| | pre-start check list, consisting of - | | | |
| | heat exchanger checks | | | |
| | mechanical check list | | | |
| | electrical check list | | | |
| | user connections | | | |
| | power supply tests | | | |
| | crankcase heaters | | | |
| | pressure regulators | | | |
| | oil heater options | | | |
| | transformer voltage checks | | | |
| | electronic controller, software, configuration etc | | | |
| | visual inspection of installation; checking: | | | |
| | component serial numbers | | | |
| | piping circuits | | | |
| | controls to design specifications | | | |
| | refrigerant distributors | | | |
| | – oil levels | | | |
| | – pumps | | | |
| 4 | demonstrate procedures for replacing the refrigerant type in refrigeration systems, including: | | | |
| | selecting suitable replacement refrigerant types for different systems | | | |
| | safely disposing of refrigerant that is to be replaced | | | |
| | re-commissioning the system on completion of refrigerant replacement | | | |
| 5 | carry out the following tests in accordance with | | | |

| | | 1 | |
|---|---|---|--|
| | appropriate legislation: | | |
| | strength integrity test | | |
| | pressure tightness test | | |
| | • leak test | | |
| | evacuation, dehydration and vacuum rise test | | |
| 6 | charge plant with correct refrigerant | | |
| 7 | carry out basic electrical tests to confirm that system is safe to switch on: | | |
| | visual integrity check | | |
| | • continuity | | |
| | insulation resistance | | |
| | • polarity | | |
| | resistance to earth | | |
| 8 | open service valves, run plant and: | | |
| | check for correct rotation of all fans | | |
| | check control operation and adjust as necessary to required design settings | | |
| | check defrost system | | |
| | leak tests system | | |
| | check air circulation in storage areas. | | |

| Outcome 4 | Be able to carry out the commissioning of harefrigeration systems | alocarbon (fl | uorinated) | |
|-----------|---|--------------------|-------------------|--------------------|
| Criteria | | Candidate initials | Assessor initials | Evidence reference |
| 1 | confirm that the system provides refrigeration | | | |
| 2 | complete compressor start and safety device tests | | | |
| 3 | record operating conditions on the appropriate log sheet for: | | | |
| | • evaporators | | | |
| | • condensers | | | |
| | cooling towers | | | |
| | evaporative condensers | | | |
| | liquid refrigerant pumps | | | |
| | and auxiliary components as required by specialist refrigeration systems such as: | | | |
| | compound intercooling arrangements | | | |
| | cascade condenser(s) | | | |
| | brine chiller(s) | | | |

| 4 | check defrost initiation and termination where fitted |
|---|---|
| 5 | check capacity control operation for: |
| | screw compressors |
| | reciprocating compressors |
| | centrifugal compressors |
| | rotary compressors |
| | scroll compressors |
| | checks all machinery guards and warning notices are in place |
| 6 | remove analysers/gauges from systems without refrigerant loss |
| 7 | replace valve caps and confirm valves are leak free. |

| Outcome 5 | Be able to handover halocarbon (fluorinated) | refrigeration | n systems | |
|-----------|---|--------------------|-------------------|-----------------------|
| Criteria | | Candidate initials | Assessor initials | Evidence reference |
| 1 | complete system records for hand over documentation, including those which detail: | | | |
| | strength integrity test | | | |
| | pressure tightness test | | | |
| | evacuation and dehydration | | | |
| | • leak test | | | |
| | compressor starter tests | | | |
| | safety device tests | | | |
| | system refrigerant charge and type | | | |
| | performance testing | | | |
| | control settings | | | |
| | electrical testing | | | |
| 2 | complete refrigeration system records including: | | | |
| | operational log sheet | | | |
| | running current log sheet | | | |
| 3 | demonstrate system operation and operating controls to customer | | | |
| 4 | pass over system documentation and records to customer | | | |
| 5 | report to line manager that installation is complete and fill in appropriate company documentation. | | | |

| Outcome 6 | Be able to carry out the de-commissioning of halocarbon (fluorinated) refrigeration systems | | | ed) |
|-----------|---|--------------------|-------------------|--------------------|
| Criteria | | Candidate initials | Assessor initials | Evidence reference |
| 1 | produce appropriate risk assessments and method statements to ensure decommissioning activities can be completed safely | | | |
| 2 | demonstrate work sequences for permanently decommissioning: | | | |
| | a complete halocarbon (fluorinated) refrigeration system | | | |
| | part of a halocarbon (fluorinated) refrigeration system | | | |
| 3 | demonstrate how oil and refrigerant could be safely recovered from a system and disposed of. | | | |

Unit 310 Install and commission halocarbon 'fluorinated' refrigeration systems

Declaration

I confirm that the evidence supplied for this unit is authentic and a true representation of my own work. The work logged is my own work carried out during my normal work duties.

The answers in the question bank are my own work and discussed with my assessor on completion. I have been observed in my workplace by my assessor on several occasions.

| Candidate Name: | |
|-----------------------------------|--|
| Candidate Signature: | |
| Date: | |
| | |
| | |
| | s achieved all the requirements of this unit with the evidence listed. |
| reliable, current and sufficient. | der the specified conditions and context, and is valid, authentic, |
| reliable, current and Sumclent. | |

| Assessor Name: | |
|---------------------|--|
| Assessor Signature: | |
| Date: | |
| | |

| IV Name: | |
|---------------|--|
| IV Signature: | |
| Date: | |

On Site Assessment Plan / Feedback



| | | Evidence Reference: | |
|---|---------------|----------------------------|----------|
| Qualification: Level: | | Qualification number: | |
| Candidate name: Assessor name: | | Date: | |
| Candidate prepared for assessmen (Provide details below) | t Yes / No | Candidate requires support | Yes / No |
| Candidate briefed on appeals procedu | re Yes / No | Support required | |
| Assessment Location / Address and | d postcode: | | |
| Type of work to be carried out: | | | |
| Assessor Feedback: (Use Assessor continuation sheet if req | uired) | | |
| Forward Planning: | | | |
| C | | | |
| | | | |
| Candidate Signature: | | | |
| Assessor Signature: | | Date: | |
| IV/IQA Name: IV/IQ | (A Signature: | Date: | |

On Site Observation Report



| | | Evidence Reference: | |
|---|----------|----------------------------|----------|
| Qualification: Level: | | Qualification number: | |
| Candidate name: Assessor name: | | Date: | |
| Candidate prepared for assessment (Provide details below) | Yes / No | Candidate requires support | Yes / No |
| Candidate briefed on appeals procedure | Yes / No | Support required | |
| | | | |
| Assessment Location / Address and po | stcode: | | |
| Assessor observation: | | | |
| (Use Assessor continuation sheet if require | ed) | | |
| | | | Outcome/ |
| | | | Criteria |
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| Candidate Signature: | | | |
|--------------------------------|-------|-------|--|
| Assessor Signature: | Date: | | |
| IV/IQA Name: IV/IQA Signature: | | Date: | |

Supplementary Evidence Sheet



| | | Εν | vidence | Reference: | |
|-----------------------------------|--------------------|---------|-----------|------------|----------------------|
| Qualification: Level: | | Quali | ification | number: | |
| Candidate name: Assessor name: | | Date: | | | |
| Unit Number: | | | | | |
| Completed by: (please t | tick) | | | | |
| Candidate | Workplace Recorder | Witness | 5 | | |
| Written Evidence: | | | | | Outcome/ Criteria |
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| Candidate Signature: | | | | | |
| Assessor / Workplace Rec | | | Т | | |
| Assessor / Workplace Rec | order Signature: | | | Date: | |

Oral Questioning Supplementary Evidence Sheet



| | Evidence Reference: | |
|-----------------------------------|-----------------------|----------------------|
| Qualification: Level: | Qualification number: | |
| Candidate name: Assessor name: | Date: | |
| Unit Number: | | |
| Assessor question: | Candidate answer: | |
| | | Outcome/ Criteria |
| | | |
| | | |
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| | | |

| Candidate Signature: | | |
|----------------------|-------------------|-------|
| Assessor Signature: | Date: | |
| IV/IQA Name: | IV/IQA Signature: | Date: |

Photographic Supplementary Evidence



| | | Gullas |
|-----------|--------------------|--------|
| | Evidence Reference | : |
| Scheme Nu | mber: Level: | |

Brief description of task being carried out in the photograph (to be completed by candidate):

(Attach Photo in this Box)

Location of photograph:

Scheme / Award:

Candidate Name:

Unit Number:

| Candidate Signature: | | |
|----------------------|-------------------|-------|
| Assessor Signature: | | Date: |
| IV/IQA Name: | IV/IQA Signature: | Date: |

Workplace Recorder Details



I confirm I am suitably experienced or qualified in line with the industry requirements to act as a witness for this learner. I acknowledge that I will only counter sign documentation requested by the learner where to my knowledge only the learner has completed the work and on the understanding that the work has been carried out to the acceptable standard.

| Workplace Recorder Name: | |
|-------------------------------|-------|
| Workplace Recorder Signature: | Date: |

I confirm I am suitably experienced or qualified in line with the industry requirements to act as a witness for this learner. I acknowledge that I will only counter sign documentation requested by the learner where to my knowledge only the learner has completed the work and on the understanding that the work has been carried out to the acceptable standard.

| Workplace Recorder Name: | |
|-------------------------------|-------|
| Workplace Recorder Signature: | Date: |

I confirm I am suitably experienced or qualified in line with the industry requirements to act as a witness for this learner. I acknowledge that I will only counter sign documentation requested by the learner where to my knowledge only the learner has completed the work and on the understanding that the work has been carried out to the acceptable standard.

| Workplace Recorder Name: | |
|-------------------------------|-------|
| Workplace Recorder Signature: | Date: |

Assessor Continuation Sheet

On Site Assessment Plan/Feedback On Site Observation



| Evidence Reference: |
|---------------------|
|---------------------|

| Assessor Briefing and Report | Criteria Observed | | Assessment |
|------------------------------|-------------------|----------|------------|
| | Outcome | Criteria | Method |
| | | | |
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| Candidate Signature: | | | |
|----------------------|-------------------|-------|--|
| Assessor Signature: | | Date: | |
| IV/IQA Name: | IV/IQA Signature: | Date: | |

Signature Sheet



Anyone who witnesses and signs a piece of the candidate's evidence must provide a specimen signature in the table below.

| Name | Signature | Date |
|------|-----------|----------------|
| | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| | | |
| | Name | Name Signature |

Appendix 1 Summary of City & Guilds assessment policies

Health and Safety

All centres have to make sure that they provide a safe and healthy environment for learning, including induction and assessment. City & Guilds external verifiers check this when they visit assessment centres.

Equal Opportunities

Your centre will have an equal opportunities policy. Your centre will explain this to you during your induction, and may give you a copy of the policy.

City & Guilds equal opportunities policy is available from our website **www.cityandguilds.com**, City & Guilds Customer Relations Team or your centre.

Access to assessment

City & Guilds qualifications are open to all candidates, whatever their gender, race, creed, age or special needs. Some candidates may need extra help with their assessment, for example, a person with a visual impairment may need a reader.

If you think you will need alternative assessment arrangements because you have special needs, you should discuss this with your centre during your induction, and record this on your assessment plan. City & Guilds will allow centres to make alternative arrangements for you if you are eligible and if the qualification allows for this. This must be agreed before you start your qualification.

City & Guilds guidance and regulations document *Access to assessment and qualifications* is available on the City & Guilds website **www.cityandguilds.com**, from the City & Guilds Customer Relations Team or your centre.

Complaints and appeals

Centres must have a policy and procedure to deal with any complaints you may have. You may feel you have not been assessed fairly, or may want to appeal against an assessment decision if you do not agree with your assessor.

These procedures will be explained during induction and you will be provided with information about the Quality Assurance Co-ordinator within your centre who is responsible for this.

Most complaints and appeals can be resolved within the centre, but if you follow the centre procedure and are still not satisfied you can complain to City & Guilds.

Our complaints policy is on our website **www.cityandguilds.com** or is available from the City & Guilds Customer Relations Team or your centre.

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Useful contacts

| UK learners | T: +44 (0)844 543 0033 |
|--|-------------------------------------|
| General qualification information | E: learnersupport@cityandguilds.com |
| International learners | T: +44 (0)844 543 0033 |
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