City & Guilds Level 1/2/3 ITQ Award/Certificate/Diploma for IT Users – new units

Level 1 (7574-01, 02, 03 -90)

Unit recording forms with centre and candidate details forms

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City & Guilds
5-6 Giltspur Street
London, UK
EC1A 9DE
centresupport@cityandguilds.com

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Recording forms for ITQ candidate portfolios

City & Guilds has developed these recording forms, for new and existing centres to use as appropriate. Although it is expected that new centres will use these forms, centres may devise or customise alternative forms, which must be approved by the external verifier before they are used by ITQ candidates and assessors at the centre. These are divided between two document types, those for the specific Level and Units being undertaken and the Generic Recording Forms document that has forms that can be used at all levels;

- TS-01-7574 – Level 1 Centre information, Candidate information and Unit Recording forms
- TS-02-7574 – Level 2 Centre information, Candidate information and Unit Recording forms
- TS-03-7574 – Level 3 Centre information, Candidate information and Unit Recording forms
- TS-99-7574 – Generic Recording Forms

Where a centre wishes to use other electronic methods of keeping evidence they will need to discuss this with their external verifier.

This document contains the generic forms with blank versions of the Unit recording forms where these may be more suitable to the assessment and training being carried out.

Forms 5, 6, 7, 8, 10, 11 and 12, or approved alternatives, are a requirement. The other forms have been designed to help the assessment and recording process.

Candidate and centre details (Form ITQ01)
Form used to record candidate and centre details. This should be the first page of the candidate portfolio.

Contact details and signatures (Form ITQ02)
Form used to record details and signatures of assessor(s) and internal verifier(s).

Candidate résumé (Form ITQ03)
Form used if the candidate does not have an appropriate Curriculum Vitae (CV) for inclusion in the portfolio.

Skill scan (Form ITQ04)
Form used to record the candidate's existing skills and knowledge.

Expert/witness status list (Form ITQ05)
Form used to record the details of all those who have witnessed candidate evidence.

Assessment plan, review and feedback form (Form ITQ06)
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 ITQ07)
Form used to record details of activities observed, witnessed or for which a reflective account has been produced.

Questioning record (Form ITQ08)
Form used to record the focus of, and responses to, assessor devised questions. (Where question banks or online testing is used, the location of this evidence should be recorded on Form ITQ10.).

Professional discussion record (Form ITQ09)
Form used to record the scope and outcome of professional discussion if it is used

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Evidence location and summary sheet (Form ITQ10)
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).

Assessment and verification declaration (Form ITQ11)
Form used as attestation that the evidence contained in the portfolio is authentic and is the work of the candidate undertaken in accordance with the requirements of the ITQ.

Summary of achievement (Form ITQ12)
Form used to record the candidate's on-going completion of units and progress to final achievement of the complete ITQ.

Please photocopy or print the forms as required.

MS Word amendable versions of these forms are also available on the City & Guilds website.

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Form ITQ01 Candidate and centre details

Certificate for IT Users (ITQ)

City & Guilds number: | | | | | | **Level** | |

Candidate name:

Candidate contact details:

City & Guilds candidate enrolment number: | | | | | | | |

Date enrolled with centre: | | / | | / | | |

Date registered with City & Guilds | | / | | / | | |

Centre number | | | | | | | |

Centre Name:

Workplace name (if appropriate)**:**

Centre address:

Workplace address (if appropriate)**:**

Centre telephone number:

Email:

Centre contact/quality assurance co-ordinator (QAC) name:

Centre contact/quality assurance co-ordinator (QAC) contact details:

Centre contact/quality assurance co-ordinator (QAC) email address:

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Form ITQ02 Contact details and signatures

Certificate for IT Users (ITQ)

Level: _____

Candidate name: _____ **Signature:** _____

Internal verifier name: _____

Signature: _____

Position: _____

Contact details: (Tel/email) _____

Workplace manager name: _____

Signature: _____

Position: _____

Contact details: (Tel/email) _____

Assessor name (1): _____

Signature: _____

Position: _____

Contact details: (Tel/email) _____

work-based / peripatetic / independent* (*delete as necessary)

Assessor name (2): _____

Signature: _____

Position: _____

Contact details: (Tel/email) _____

work-based / peripatetic / independent* (*delete as necessary)

Assessor name (3): _____

Signature: _____

Position: _____

Contact details: (Tel/email) _____

work-based / peripatetic / independent* (*delete as necessary)

(photocopy as required)

© City & Guilds Limited

Form ITQ03 Candidate résumé

Name: _____ **Date of Birth:** ☐☐ / ☐☐ / ☐☐

Address: _____

_____

_____

_____

Post Code: _____ **Telephone number:** _____

Education:

(University, college and school name attended, towns and dates) _____

_____

_____

_____

Qualifications gained: _____ **Date:** _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Current work role/responsibilities: _____

_____

_____

Employment history and/or voluntary work: _____ **Date:** _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Courses attended in the last 5 years: _____ **Date:** _____

_____ _____

_____ _____

_____ _____

_____ _____

Interests _____

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Form ITQ04 Skill scan

Certificate for IT Users (ITQ)

Level: _____

Candidate name: _____

Unit ref	Do you currently do this? Provide examples (if possible)	Have you evidence of doing this in the past? Provide examples (if possible)

Relevant qualifications held

Further training/experience needed

Attach additional sheets as required

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Form ITQ05 Expert / witness status list

Certificate for IT Users (ITQ)

Level: _____

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.

Name and contact address of witness	Witness status	Professional relationship to candidate	Unit or elements witnessed	Witness signature	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

Assessor name: _____ **Signature:** _____

(photocopy as required)

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Form ITQ06 Assessment plan, review and feedback

Certificate for IT Users (ITQ)

Level: _____

Candidate name: _____

Assessor name: _____

Unit number(s): _____ **Unit Title(s)** _____

_____ _____

_____ _____

_____ _____

_____ _____

This record can be used for single and multiple unit planning

Date	Assessment planning, review, feedback and judgement record	Candidate and assessor signatures	Evidence reference

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Assessment plan, review and feedback (continued)

Date	Assessment planning, review, feedback and judgement record	Candidate and assessor signatures	Evidence reference

The above is an accurate record of the discussion

Candidate signature: _____ **Date:** _____

Assessor signature: _____ **Date:** _____

photocopy as required

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Forms ITQ7and ITQ08 – Performance evidence record & Questioning record

Form ITQ07 Performance evidence record

Candidate name: _____

ITQ Unit: Using a computer keyboard **Unit No.:** 7574-134

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

☐ observed by your assessor ☐ seen by witness

☐ seen by expert witness ☐ self reflective account

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.

Outcome	Assessment criteria	Performance evidence	Date(s) Achieved	Assessor signature
7574-134.1 Use a keyboard to enter and edit alphanumeric information accurately	**7574-134.1.1** Input information accurately using alphanumeric, punctuation and special character keys as required **7574-134.1.2** Use shift, Ctrl, Alt, num and caps lock, spacebar, tab and editing keys as appropriate **7574-134.1.3** Check the accuracy of information, using the keyboard to edit and make corrections as required			
7574-134.2 Use a keyboard to access and navigate software applications	**7574-134.2.1** Use keyboard controls to access, open and close software applications **7574-134.2.2** Use navigation keys to move around software applications **7574-134.2.3** Identify how function keys and keyboard short-cuts can be used within a sleected software application to improve efficiency			
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:** _____

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Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ08 Questioning record

Candidate name: _____

ITQ Unit: Using a computer keyboard **Unit No.:** 7574-134

Links to: Assessment Criteria	Assessor's questioning record	
	Questions	**Answers**

The above is an accurate record of the questioning.

Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ07 Performance evidence record

Candidate name: _____

ITQ Unit: Internet safety for IT Users **Unit No.:** 7574-135

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

☐ observed by your assessor ☐ seen by witness

☐ seen by expert witness ☐ self reflective account

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.

Outcome	Assessment criteria	Performance evidence	Date(s) Achieved	Assessor signature
7574-135.1 Understand the risks that can exist when using the Internet	**7574-135.1.1** Identify risks to user safety and privacy **7574-135.1.2** Identify risks to data security **7574-135.1.3** Identify risks to system performance and integrity **7574-135.1.4** Outline how to minimise Internet risks **7574-135.1.5** Outline factors that affect the reliability of information on websites			
7574-135.2 Know how to safeguard self and others when working online	**7574-135.2.1** Take appropriate precautions to maintain data security **7574-135.2.2** Protect personal information online **7574-135.2.3** Describe the forms and features of cyberbullying **7574-135.2.4** Identify when and how to report online safety issues **7574-135.2.5** Identify where to get online help and information on e-safety			

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7574-135.3 Take precautions to maintain data security	**7574-135.3.1** Take appropriate precautions to maintain data security **7574-135.3.2** Take appropriate precautions to maintain system performance and integrity **7574-135.3.3** Use appropriate browser safety and security settings **7574-135.3.4** Use appropriate client software safety and security settings			
7574-135.4 Follow legal constraints, guidelines and procedures which apply when working online	**7574-135.4.1** Identify legal constraints on the uploading and downloading of software and other digital content **7574-135.4.2** Identify legal constraints on online behaviour **7574-135.4.3** Correctly observe guidelines and procedures for the safe use of the Internet			
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 Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ08 Questioning record

Candidate name: _____

ITQ Unit: Internet safety for IT Users **Unit No.:** 7574-135

Links to: Assessment Criteria	Assessor's questioning record	
	Questions	**Answers**

The above is an accurate record of the questioning.

Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ07 Performance evidence record

Candidate name: _____

ITQ Unit: Understanding the potential of IT **Unit No.:** 7574-234

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

☐ observed by your assessor ☐ seen by witness

☐ seen by expert witness ☐ self reflective account

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.

Outcome	Assessment criteria	Performance evidence	Date(s) Achieved	Assessor signature
7574-234.1 Understand the impact of IT on business	**7574-234.1.1** Describe the potential of IT to improve internal and external communication **7574-234.1.2** Describe the potential of IT to improve business process **7574-234.1.3** Describe the possible positive and negative impact on employees of the deployment of IT			
7574-234.2 Understand the impact of the internet and mobile communications on society and the individuals	**7574-234.2.1** Describe the benefits of new technologies on personal and social communication and interaction **7574-234.2.2** Describe how IT can improve access to education and government services **7574-234.2.3** Describe how IT can improve access to products and services **7574-234.2.4** Identify possible drawbacks of new technologies for individuals and society			
7574-234.3 Know how IT is used in an organisation	**7574-234.3.1** Describe the purpose of key components of the IT system (hardware, software and communications)			

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	7574-234.3.2 Describe the roles and responsibilities of those involved in operating and supporting the IT function **7574-234.3.3** Describe the guidelines and procedures for accessing IT help and support			
7574-234.4 Know how the introduction of new IT tools and systems can affect an organisation	**7574-234.4.1** Compare different approaches to introducing new IT tools and systems **7574-234.4.2** Describe potential benefits from the introduction of new IT tools and systems **7574-234.4.3** Describe the methods used by manufacturers and publishers to control usage of digital content and devices			
7574-234.5 Know the methods used to enhance IT security in an organisation	**7574-234.5.1** Describe the main risks to security for IT users **7574-234.5.2** Describe the types of control measures and policies organisations can put in place to maximise personal and data protection **7574-234.5.3** Describe how organisations can exploit new developments in technology to improve cyber security			
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 Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ08 Questioning record

Candidate name: _____

ITQ Unit: Understanding the potential of IT **Unit No.:** 7574-234

Links to: Assessment Criteria	Assessor's questioning record	
	Questions	**Answers**

The above is an accurate record of the questioning.

Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ07 Performance evidence record

Candidate name: _____

ITQ Unit: Describe personal and team effectiveness using IT **Unit No.:** 7574-235

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

☐ observed by your assessor ☐ seen by witness

☐ seen by expert witness ☐ self reflective account

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.

Outcome	Assessment criteria	Performance evidence	Date(s) Achieved	Assessor signature
7574-235.1 Know how IT can support personal development	**7574-235.1.1** Describe how IT tools and systems can be used to manage time effectively **7574-235.1.2** Identify IT tools and resources to support own learning and development **7574-235.1.3** Describe how IT tools can support personal performance information			
7574-235.2 Use IT to support personal development	**7574-235.2.1** Create an action plan to improve own working practice **7574-235.2.2** Participate in activities to meet personal development goals **7574-235.2.3** Use appropriate IT tools to support personal performance improvement			
7574-235.3 Know how IT can support the development of team effectiveness	**7574-235.3.1** Describe the roles and responsibilities of team members **7574-235.3.2** Describe how IT tools and systems can be used to improve team activities **7574-235.3.3** Identify ways that IT can be used to overcome obstacles to effective teamwork			

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7574-235.4 Review use of IT for team or collaborative activities	**7574-235.4.1** Review own contribution to team activities using IT **7574-235.4.2** Provide feedback to others on their use of IT in a constructive and considerate manner **7574-235.4.3** Review feedback from others on own use of IT			
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 Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ08 Questioning record

Candidate name: _____

ITQ Unit: Develop personal and team effectiveness using IT **Unit No.:** 7574-235

Links to: Assessment Criteria	Assessor's questioning record	
	Questions	**Answers**

The above is an accurate record of the questioning.

Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ07 Performance evidence record

Candidate name: _____

ITQ Unit: Understanding the potential of IT **Unit No.:** 7574-334

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

☐ observed by your assessor ☐ seen by witness

☐ seen by expert witness ☐ self reflective account

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.

Outcome	Assessment criteria	Performance evidence	Date(s) Achieved	Assessor signature
7574-334.1 Understand how IT is transforming business and industry	**7574-334.1.1** Explain the potential of IT to transform data management and business processes **7574-334.1.2** Explain how environmental issues can affect the use of IT in business and industry **7574-334.1.3** Evaluate how social and collaborative technologies are transforming business and industry			
7574-334.2 Understand the impact of the internet and mobile communications on society and the individual	**7574-334.2.1** Explain how technology is transforming personal and social communication and interaction **7574-334.2.2** Describe the main barriers to take-up or adoption of digital technologies by individuals and groups **7574-334.2.3** Describe measures to increase accessibility to digital information			
7574-334.3 Understand how IT is used in an organisation	**7574-334.3.1** Describe the movement and transfer of information in key technology-enabled business processes using appropriate IT tools to illustrate the information flow **7574-334.3.2**			

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	Explain the principles of interaction between key components of the IT system (hardware, software and communications) **7574-334.3.3** Review how the use of bespoke software and/or specialist systems contribute to organisational success			
7574-334.4 Understand the effect of introducing new IT tools and systems in an organisation	**7574-334.4.1** Evaluate key factors influencing the successful introduction of new IT tools and systems **7574-334.4.2** Recommend a development in IT tools or systems for IT users highlighting the benefits, risks, opportunities and costs			
7574-334.5 Understand the methods used to enhance IT security in an organisation	**7574-334.5.1** Evaluate the main risks to IT security **7574-334.5.2** Evaluate the control measures in place to maximise personal and data protection **7574-334.5.3** Explain how organisations are using innovative systems and software to improve cyber security			
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 Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ08 Questioning record

Candidate name: _____

ITQ Unit: Understanding the potential of IT **Unit No.:** 7574-334

Links to: Assessment Criteria	Assessor's questioning record	
	Questions	**Answers**

The above is an accurate record of the questioning.

Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ07 Performance evidence record

Candidate name: _____

ITQ Unit: Developing personal and team effectiveness using IT **Unit No.:** 7574-335

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

☐ observed by your assessor ☐ seen by witness

☐ seen by expert witness ☐ self reflective account

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.

Outcome	Assessment criteria	Performance evidence	Date(s) Achieved	Assessor signature
7574-335.1 Understand how IT can support personal development	**7574-335.1.1** Describe how IT tools and resources can support to own learning and development **7574-335.1.2** Explain how IT tools and systems can be used to support personal performance improvement			
7574-335.2 Use IT to support personal development	**7574-335.2.1** Implement IT tools and systems to support personal performance improvement and time management **7574-335.2.2** Develop and implement an action plan to use IT to improve own working practice			
7574-335.3 Understand how IT can support the development of team effectiveness	**7574-335.3.1** Describe the roles and responsibilities of team members **7574-335.3.2** Explain how IT tools and systems can be used to enhance effective team communications and collaboration **7574-335.3.3** Compare ways that IT can be used to overcome obstacles to effective teamwork			

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7574-335.4 Work as a member of a team to achieve defined goals and implement agreed plans	**7574-335.4.1** Assess contribution of own use of IT to team activities **7574-335.4.2** Provide feedback to others on their use of IT in a constructive and considerate manner **7574-335.4.3** Review feedback from others on own performance and adapt behaviour where appropriate **7574-335.4.4** Assist others to use new IT tools and systems			
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 Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ08 Questioning record

Candidate name: _____

ITQ Unit: Developing personal and team effectiveness using IT **Unit No.:** 7574-335

Links to: Assessment Criteria	Assessor's questioning record	
	Questions	**Answers**

The above is an accurate record of the questioning.

Assessor/Expert witness signature: _____ **Date:** _____

*delete as appropriate

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ09 Professional discussion record

Candidate name: _____

Assessor/Expert witness name: _____

Areas to be covered within the discussion	**Unit / element reference**	**Unit/s knowledge reference**
Outline record of discussion content **(continues overleaf, use additional sheets as required)**		Counter ref (if recording used)

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Professional discussion record (continued)

Outline record of discussion content (use additional sheets as required)	Counter ref (if recording used)

Start time:		**Finish time:**	

The above is an accurate record of the discussion.

Candidate signature: _____ **Date:** _____

Assessor/Expert witness signature: _____ **Date:** _____

***delete as appropriate**

Internal Verifier signature (if sampled)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ10 Evidence location and summary sheet

Certificate for IT Users (ITQ)

City & Guilds number: | | | | | | | **Level** | |

Candidate name: _____ **City & Guilds enrolment number:** | | | | | | | | |

Unit No(s).	Item of evidence	Loc.	Ref	Link to Outcome (✓)			Link to Assessment criteria (✓)														
				1	2	3	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

Location key: p = portfolio, o = office (add further categories as appropriate)

(photocopy as required)

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Form ITQ11 Assessment and verification declaration

Certificate for IT Users (ITQ)

City & Guilds number: | | | | | | | **Level** |

Candidate declaration:

Candidate name: _____

City & Guilds enrolment number: | | | | | | | |

I confirm that the evidence listed for the units undertaken is authentic and a true representation of my own work.

Candidate signature: _____ **Date:** _____

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:** _____

Counter signature (if relevant)**:** _____ **Date:** _____

Internal verifier Declaration:

This section to be left blank if sampling of this candidate's work did not take place.

I have internally verified the assessment work on this unit in the following ways (please tick):

☐ sampling candidate and assessment evidence ☐ observation of assessment practice

☐ discussion with candidate ☐ other – please state: _____

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

Internal verifier name: _____

Internal verifier signature: _____ **Date:** _____

Counter signature (if relevant)**:** _____ **Date:** _____

(photocopy as required)

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Form ITQ12 Summary of achievement

Certificate for IT Users (ITQ)

Level: _____

Candidate name: _____ **City & Guilds candidate enrolment number:** | | | | | | | |

Centre Name: _____ **Centre number:** | | | | | | | |

Unit	Title	Date internally verified	Most used types of evidence *(use key below)*	Assessor signature *(if there is a second line assessor – both must sign)*	Candidate signature	IV signature *(If there is a second line IV - both must sign)*	EV signature (*if sampled*)

Competence has been demonstrated in all of the units/award 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 verifier signature: _____ **Date:** _____

Key for most used evidence type:

1. observation 2. expert witness testimony 3. witness testimony 4. work products 5. questioning 6. professional discussion 7. simulation 8. accreditation of prior experience/learning 9. assignments, projects/case studies (photocopy as required)

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City & Guilds
Giltspur House
5–6 Giltspur Street
London
EC1A 9DE

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