

Validation – Assessment Evidence Cover Sheet

Note: details of candidate will be removed by Training Manager and replaced by a code to preserve confidentiality

Qualification Name:
Unit(s) of Competency:

Panel Members:		
Name:	Address	P/code
Position:	Telephone	Email
Name:	Address	P/code
Position:	Telephone	Email
Name:	Address	P/code
Position:	Telephone	Email
Name:	Address	P/code
Position:	Telephone	Email
Name:	Address	P/code
Position:	Telephone	Email

Candidates Details:	Materials assessed and judgment
1. Name:	
2. Name:	
3. Name:	
4. Name:	

The following materials have been attached with this cover sheet:

Candidate 1.

Candidate 2.

Candidate 3.

Candidate 4.

Signed by Training Manager or Chair of Validation Meeting: _____

Date of meeting: ____ / ____ / _____