## Group Witness Statement

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| **Unit/s** |  |
| **Qualification title/s and code/s** |  |
| **Name of witness** |  |
| **Professional relationship with learner–Manager, Supervisor, Colleague, Customer, Tutor, Learning Support Assistant, Other** |  |

Please tick:

|  |  |
| --- | --- |
| **Occupational/sector/subject expert meeting specific qualification requirement for role of expert witness** |  |
| **Occupation/sector/subject expert** |  |
| **Non-expert**  |  |

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| **Names of learners participating** | **Level, unit and criteria** |
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| **Statement of achievement – Give clear and precise examples of where the criteria have been met for each learner** |
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| **Has the task been achieved for all learners?** | Yes | No |

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| --- | --- | --- | --- |
|  | **Signature** | **Print name** | **Date** |
| **Learner** |  |  |  |
| **Witness** |  |  |  |
| **Internal Quality Assurer** |  |  |  |