## Individual Witness Statement

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| --- | --- |
| Unit: |  |
| Qualification title and code: |  |
| Learner’s name: |  |
| Assessor name: |  |

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| Task / Activity |
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| --- |
| Statement of achievement:/Feedback to learner |
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| --- | --- |
| Assessment Criteria achieved: |  |

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| --- | --- | --- | --- | --- |
| Signed: |  | (Assessor) | Date: |  |
| Signed: |  | (Learner) | Date: |  |
| Signed: |  | (Internal Quality Assurer) | Date |  |