## 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 |  |