Qualification & Level

|  |  |  |
| --- | --- | --- |
| City & Guilds Unit No   |  Unit No  |  Number of credits  |

Unit Title

Name of Learning Provider **ARC**\_\_\_\_\_\_\_\_Name of Awarding Body **City & Guilds** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Learner Declaration**

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

Learner Name

Learner enrolment number

Unique Learner Number

Name of Worksite

Learner Signature       Date

**Assessor Declaration**

I confirm that this Learner has achieved all the requirements of this unit with the evidence listed.

Assessment was conducted under the specified conditions and context, and is valid, authentic, reliable, current and sufficient.

Assessor Name

Assessor signature       Date

Name of Countersigning Assessor

Countersignature (if relevant)

**Internal Quality Assurance Declaration**

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

**(\_)**  Sampling Learner and assessment evidence

**(\_)** observation of assessment practice

**(\_)** discussion with Learner

**(\_)** other – please state

**(\_)** not sampled

I confirm that the Learner’s sampled work meets the standards specified for this unit and may be presented for external verification and/or certification.

IQA name

IQA signature       Date

Name of Countersigning IQA

Counter signature (if relevant)       Date