Qualification       Learner Name

Please ensure that all witnesses who have signed the learner’s evidence or written a report are included on this witness list.

All necessary details must be included and signed by the witness as being correct.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name and contact address of witness** | **Witness status\*****(Key below)** | **Professional relationship to learner** | **Unit or outcomes witnessed**  | **Witness signature** | **Date** |
|       |       |  |  |  |  |
|       |       |  |  |  |  |
|       |       |  |  |  |  |
|       |       |  |  |  |  |
|       |       |  |  |  |  |
|       |       |  |  |  |  |

**\*Witness Status categories**

1. Occupational expert meeting specific qualification requirement for role of expert witness 3. Non-expert familiar with standards

2. Occupational expert not familiar with the standards 4. Non-expert not familiar with the standards

Assessor Signature       Date