

Initial Assessment Protocol For Qualifications



Please complete form in block letters

please photocopy as necessary

The intended qualification must be appropriate to the role of the learner in terms of level and type.

This document should be completed by the learner and a relevant reviewer who has been approved by the qualification centre. This could be the: Assessor, Training Manager, Work place Manager, ARC Development Officer, Qualifications Centre Manager.

Protocol

Look at the proposed qualification together and identify the mandatory units, plus selected optional units, which will make up the qualification. Look at each mandatory and optional unit and read the learning outcomes, assessment criteria, range of activities and assessment requirements and answer the following questions.

1) What is the title of the qualification _____

2) Is the learner able to meet the learning outcomes of the units selected? _____

If you answered 'yes' to question 2, what evidence supports this, e.g. job description? _____

If you answered 'no' to question 2, what is the agreed action plan? _____

3) Has the learner identified any learning or development needs in order to achieve the learning outcomes? _____

If 'yes' what are these? _____

4) Does the learner have any completed units or credit accumulated which is relevant to the qualification they are to be entered for? _____

If you answered 'yes' to question 4, please list and attach copies of any relevant documentary evidence, such as certificates of achievement? _____

5) Does the learner have sufficient literacy, numeracy and ICT skills to be able to achieve the qualification? _____

If you answered 'yes' to question 5, what is the decision based on, e.g. certificates, discussion, product evidence, role specification, etc. Please summarise? _____

If you answered 'no' to question 5, what is the agreed action plan? _____

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Learner Details

Learner name _____

Learner's Signature _____

Date _____

Reviewer Details

Reviewer name and designation _____

Contact details of reviewer _____

Reviewer's Signature _____

Date _____

Please send a copy of this document to ARC Training Services, along with the Learner Registration form (Q1), Unique Learner Number Registration form (Q1A) and copies of any supporting evidence (such as certificates, CV, etc.) seen and signed by the reviewer.

