

ASSESSMENT REPORT

Trainee

TRAINING AGREEMENT NUMBER

SURNAME

FIRST NAMES

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Assessor

NAME

NUMBER

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Unit Standard Assessed

TITLE

NUMBER

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PREREQUISITES COMPLETED

	YES	NO
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Assessment Results

COMPETENT

NOT YET COMPETENT

MORE EVIDENCE REQUIRED

If not yet competent or more evidence required, record reasons why:

Assessment
Duration

Hours

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Declaration This assessment was carried out in a fair and reliable manner in accordance with the performance criteria of the unit standard.

ASSESSOR'S SIGNATURE

DATE

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I consider this assessment fair and just and agree with the assessor's comments and results.

CANDIDATE'S SIGNATURE

DATE

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Opportunity Training use only.

DATE RECORD ENTERED

DATE NZQA ADVISED

OPPORTUNITY TRAINING
OFFICER

White copy – To Candidate Pink copy – To Opportunity Training Green copy – Assessor to retain