

# Assessor - Competence Sign Off Form

Please use one sign off form per assessor



Candidate Name:	
Grade	

Comp	Activity 1		Activity 2		Activity 3		All Criteria Covered?	Knowledge Assessed?
	Signature	Date	Signature	Date	Signature	Date		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								

The candidate has completed activities which cover each competence three times, and covered each performance criteria at least once.

<b>Assessor Name</b>	
Signature	
Email	
Contact Number	
Date	

<b>Candidate Name</b>	
Signature	
Date	