

Competency Record to be completed by Assessor

Learner Name: _____

Date of Assessment: _____

The learner has been assessed as competent in the elements and performance criteria and the evidence has been presented as;

	Assessor Initials
Authentic	
Valid	
Reliable	
Current	
Sufficient	

Learner is deemed: **COMPETENT** **NOT YET COMPETENT** (Please circle)

If not yet competent, date for re-assessment: _____

Comments from Trainer / Assessor:

Assessor Signature: _____