

# ACTVET

Abu Dhabi Centre for  
Technical and Vocational  
Education and Training | مركز أبوظبي  
للتعليم والتدريب  
التقني والمهني

## **Awarding Body Sample Forms**

FOR

**REGISTERED TRAINING PROVIDERS**

**OFFERING UAE NATIONAL QUALIFICATIONS**



<b>Assessor Signature:</b>	<b>Print Name:</b>	<b>Date:</b>
<b>Learner Comments:</b>		
<b>Learner Signature:</b>		<b>Date:</b>
<b>IV Signature:</b>	<b>IV Name:</b>	<b>Date:</b>

## Oral Question and Answer Form

<b>Qualification Title and code:</b>			
<b>Unit Title and Code:</b>			
<b>Learner's Name</b>		<b>Learner's Registration No:</b>	
<b>Assessor's Name</b>			
<b>Date</b>			

### Record of Questions and Learner's Responses

<b>Performance Criteria</b>	<b>Question</b>	<b>Learner Response</b>	<b>Assessor's Feedback</b>

<b>Learner's Signature:</b>		<b>Date:</b>	
<b>Assessor's Signature:</b>		<b>Date:</b>	

## Observation Record Sheet

Qualification Title and code			
Unit Title and code			
Learning outcome / Performance Criteria being observed			
Learner's Name		Learner Registration No	
Assessor's Name			
Date			

Scenario in which learners skills were demonstrated

Summary of observation details demonstrated by the learner

Assessor's feedback
The learning outcome/performance criteria has been met: <input type="checkbox"/> Yes <input type="checkbox"/> No

Learner's Signature:		Date:	
Assessor's Signature:		Date:	

## Internal Verification of Assessments

<b>Qualification Title and code</b>	
<b>Unit Title and code</b>	
<b>Assessor's Name</b>	

### 1. Are the unit details Accurate?

<b>Internal Verifier Comments</b>

### 2. Are the assessment methods used to assess knowledge/ skills/ Application appropriate and address the performance criteria?

<b>Internal Verifier Comments</b>

### 3. Do the assignment tasks align with the Level of the Qualification?

<b>Internal Verifier Comments</b>

#### 4. Overall is the assessment fit for purpose?

##### Internal Verifier Comments

#### 5. Are any amendments required?

##### Internal Verifier Comments

Internal Verifier's  
Signature:

Date:

Assessor's Signature:

Date:

## Internal Verification of Assessment Decisions

Qualification Title and code			
Unit Title and code			
LO/ PC being assessed			
Learner's Name		Registration No	
Assessor's Name			
Date			

1. Has the Learner's work been accurately assessed?

Internal Verifier Comments

2. Has the assessor provided support to the learner during the assessment process?

Internal Verifier Comments



### 3. General Comments

#### Internal Verifier Comments

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### 4. Are there any actions required?

#### Internal Verifier Comments

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Learner's Signature:

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Date:

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Assessor's Signature:

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Date:

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## Assessment and Internal Verification Plan

Qualification Title:										
Unit Title and Unit Code	Learner Name	Learner Registration Number	Performance Criteria	Hand Out Date of Assignment	Hand In Date of Assignment	Assessment Date	IV Sampling Date	Assessor Name	IV Name	Comments
<b>Internal Verifier Signature</b>				<b>Name</b>				<b>Date</b>		

