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| **Certificate of Competence (CoC) – Observation of Assessment** |
| **Assessor Name** |  |
| **Assessor BP Number** |  |
| **Candidate Name(s)** |  |
| **Internal Quality Assurer (IQA) Name** |  |
| **Qualification Title** |  |
| **Date** |  |

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| **Checklist** | **Yes /No** | **Comments** |
| Assessment documentation in place |  |  |
| Assessor introduced self (ID card shown) and put candidate at ease |  |  |
| Candidate ID checked |  |  |
| Site Specific Risk Assessment (SSRA) correctly completed |  |  |
| Adequate briefing given on assessment process and documentation used |  |  |
| Candidate rights explained regarding clarification of questions/instructions and access to reference materials |  |  |
| Assessor attentive to candidate |  |  |
| Assessor unobtrusive during the assessment |  |  |
| Clear, open questions used |  |  |
| Clear and concise instructions given |  |  |
| Qualification Guidance / Assessment Pack used to record progress |  |  |
| Candidate informed immediately of assessment result |  |  |
| Clear and constructive feedback given  |  |  |
| Candidate given the opportunity to comment |  |  |
| All documentation correctly completed and signed |  |  |

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| Certification or re-assessment process explained (as applicable) |  |  |

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| **Feedback to Assessor** |
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| **Action required (SMART Targets)** | **Date actioned** | **Date to be checked** |
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| **Assessor comments** |
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| **Assessor signature:** |  | **Print name:** |  | **Date** |  |
| **IQA signature:** |  | **Print name:** |  | **Date** |  |
| **Actions completed (if applicable):** |
| **Assessor signature:** |  | **Print name** |  | **Date** |  |
| **IQA signature:**  |  | **Print name** |  | **Date** |  |