

KEY SKILLS WITNESS STATEMENT

Candidate name		Date or period of activity	
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This form should be used to confirm that evidence has been generated. Most commonly this will be naturally occurring evidence (eg serving a customer, searching a database). When completed this form should be passed to your assessor as part of your evidence.

Reference		Key Skill Unit		Level	
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Description of Activity

Assessment criteria (from part B)*	Achieved	
	Yes*	No*
* Ensure that comments are made as to HOW the criteria were achieved.		

Witness comments

Witness name		Signature		Date	
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Witness contact telephone number/address*

Assessor name		Signature		Date	
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* When obtaining evidence supported by a witness it must be possible to contact that witness