



THIRD PARTY EVIDENCE FORM

Details:			
Name of Student:			
Unit of Competency / subject:			
Name of Supervisor:			
Workplace:			
Address:			
Phone Number:			
<i>(Please advise our office as soon as possible if any of your contact details change)</i>			
As part of the assessment for the unit of competency / subject, we are seeking evidence to support a judgment about the student's competence. As part of the evidence of competence we are seeking reports from the supervisor and other people who work closely with the student.			
<i>Please respond to all questions (mark with a tick or X in relevant box)</i>		Yes	No
Have you read the unit of competency / subject outline that you are commenting on?			
Has the assessor explained the purpose of the student's assessment?			
Are you aware that the student will see a copy of this form?			
Are you willing to be contacted should further verification of this statement be required?			
What is your relationship to the student?			
How long have you worked with the student?			
How closely do you work with the student in the area being assessed?			
What is your technical experience and/or qualification(s) in the area being assessed? <i>Include any assessment / training / teaching qualifications.</i>			
<i>Does the student:</i>		Yes	No
i. perform job tasks to industry standards?			
ii. manage job tasks effectively?			
iii. implement safe working practices?			
iv. solve problems on-the-job?			



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v. work well with others?		
vi. adapt to new tasks?		
vii. cope with unusual or non-routine situations?		
Overall do you believe the student performs to the AQF standard required by the unit of competency / subject on a consistent basis?		
Please identify any further training needs for the student:		
Any other comments:		
Please sign and date this form		
Signature:		
Date:		