

Centre Guidance & Information Programme Workshop Resources

Witness Statement Template



Course		Assessor	
Learner Name		Witness	
Unit Title		Level	
Date of activity		Location	
Details of activity undertaken	Witness's comment on learner's performance of activities		Assessment Criteria Met To be completed by assessor
<p>I confirm that the statements above are a true record of the activity undertaken by the learner.</p> <p>Name of Witness _____ Role _____ Signature _____ Date _____</p>			
<p>Signature of Learner Date</p>		<p>Signature of Assessor Date</p>	