

Level _____ Unit _____

Learner Name: _____

Learner signature: _____

1st attempt

Date: _____

Assessor's signature: _____

Gola/Oral

Percentage achieved: _____

2nd attempt

Date _____

Assessor's signature: _____

Gola/Oral

100% achieved

☐

Percentage achieved

EKU to be re-taken are

3rd attempt

Date _____

Assessor's signature: _____

Gola/Oral

100% achieved

☐

Percentage achieved

EKU to be re-taken are

Assessor's comments to support candidate responses, if required:

Signature of internal verifier/
Quality co-ordinator (if sampled) _____

Date sampled _____