

Assessment Verification Sheet

Candidate's name:
Candidate's company:
Candidate's User ID:

Name of assessment:
Assessment attempt:

Date/time assessment started:
Date/time assessment ended:
How the assessment ended:

TO BE COMPLETED BY THE CANDIDATE:

I can confirm that I have undertaken the above assessment without external assistance and understand that should it be proved otherwise (including use of reference materials and plagiarism) the results of this assessment will be invalid and I may not be allowed to continue with this training program.

Candidate's signature: **Date:**

TO BE COMPLETED BY THE CANDIDATE'S SUPERVISOR:

I can confirm the above statement to be true and consent to being contacted should further verification be required.

Supervisor's name:
Supervisor's position:
Supervisor's company:

Supervisor's signature: **Date:**

Contact telephone number:
