CITY & GUILDS

**ESSENTIAL SKILLS WALES**

**INTERNAL VERIFICATION / FEEDBACK TO ASSESSORS**

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| **Candidate:**  | **Date :**  |
| **Essential Skills Wales AON**  | **Level :** |
| **I.V. :**  | **Assessor :**  |

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| --- | --- | --- | --- |
| Aspect of course | **Yes** | **No** | **Internal Verifier’s Comments** |
| **Is the assessment method appropriate (suitability)?** |  |  |  |
| **Does the evidence meet the standard at the appropriate level?** |  |  |  |
| **Has the evidence presented been clearly referenced?** |  |  |  |

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| --- | --- |
| IV signature |  |

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| **Aspect or section****Sampled** | FEEDBACK |

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| ACTION TO BE TAKEN / FUTURE REFERENCE**ACTION COMPLETED:****IV: DATE:** |