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|  |  **Practical Assessment Record**  |

**Principles Working in the Private Security Industry**

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| **Centre Name** |  | **Centre Number** |  |
| **Date of Assessment** |  | **Venue** |  |
| **Assessor’s Name** |  | **Candidate’s Name** |  |

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| **Criterion****Number** | **Criterion Description** | **Examples** | **Comments** |
| **8.4** | Demonstrate the accurate completion of an evidential statement (Section 9 Statement) | **Statement to be completed as part of the training and internally assessed with a sign off sheet submitted to awarding organisation to say completed.**Candidates will be issued with a Section 9 Statement form to complete. The candidate’s statement should include the who, what, when, etc., * Who compiled the report
* The date of the report
* The role of the author
* The date and time of the incident
* Where the incident took place
* Who was involved
* What happened or was witnessed
* Signature of the person who compiled the report
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**Assessor**: Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IQA**: Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_