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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 |  |

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

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