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| **St. Kitts- Nevis Technical and Vocational Education and Training Council** | | | | | | | | | | | | | |
| **National Vocational Qualification/Caribbean Vocational Qualification** | | | | | | | | | | | | | |
| **Candidate's Portfolio Completion Summary** | | | | | | | | | | | | | |
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| **Programme Start Date:** | | | Click or tap to enter a date. | **End Date:** | | Click or tap to enter a date. | | **Portfolio Summary Submission Date:** | | | | Click or tap to enter a date. | |  |
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| **Institution Name:** |  | | | | | **Qualification Name:** | |  | | | | | |  |
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| Instructions: The Candidate Portfolio Completion Summary provides information on the key formative and summative projects/activities undertaken by the candidate to achieve the Performance requirements of each unit of the Occupational Standards. This form is to be used by the Assessor in the review of the Evidence in the candidate's portfolio during the development/completion stage. Sufficient evidence must be provided, and it may be necessary to provide more than one piece of evidence for each unit. The completed form MUST be made available to the Quality Assurance Personnel upon request. Institutions are also advised to retain a copy on their records at the completion of training. | | | | | | | | | | | | | |  |
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| **Qualification Code** |  | | **Candidate Name** |  | | | | **Candidate ID** | |  | **External Verifier's Authentication** | | |  |
| **Unit Code** | **Unit Title** | | **Assessment Activity** | **Evidence** | | **Date Achieved** | **Assessor's Initials** | **Assessor's Comments** | | **Portfolio Reference** | **Competent (Y/N)** | **Initials** | **Date** |  |
| Copy from Unit | Copy from qualification Plan | | eg. Project, case study, ojt assignment, practical | eg. Tape, performance criteria record | | Click or tap to enter a date. |  |  | |  | Choose an item. |  | Click or tap to enter a date. |  |
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| **Qualification Award** | | CVQ | | | NVQ-SKN | | | | | Statement of Competency  Number of Units Select the Number of Units | | | |  |
| **Learner's Authentication Statement** | | | | | | | | | | | | | |  |
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| **I confirm that the evidence submitted for assessment is my own work** | | | | | | | | | | | | | |  |
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| Candidate's Signature |  | | | | | | | Date: | Click or tap to enter a date. | | | | |  |
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| **External Verifier's Comments:** | | | | | | | | | | | | | |  |
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| External Verifier's Name |  | | | External Verifier's Signature | |  | | | | Date: | Click or tap to enter a date. | | |  |
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