

Achievement Record

iUBT343 – Head massage

All units will require an Achievement Record to be completed by the lecturer for each learner. This achievement record will need to be kept by the centre and may be sampled by the external quality assurer on their visit.

Learner name: _____

Learner number: _____

Centre name: _____

	Please tick box:	Yes	No	Comments
Portfolio of evidence containing:				
• Internally assessed task				

Please note; each box must be ticked **‘Yes’** in order to gain a pass grade. If any area is answered **‘No’** the assessment will be referred until the omitted section is completed.

Learner signature: _____ **Date:** _____

Lecturer name: _____

Lecturer signature: _____ **Date:** _____

IQA name (If sampled): _____

IQA signature (If sampled): _____ **Date:** _____

EQA name (If sampled): _____

EQA signature (If sampled): _____ **Date:** _____

Document History

Version	Issue Date	Changes	Role
v1	19/12/2019	First published	Qualifications Administrator