



## ASSESSMENT RECORD SHEET

<b>TRAINEE DETAILS (TRAINEE TO COMPLETE)</b>	
NAME _____	DATE OF BIRTH: _____
HOME ADDRESS: _____	
EMPLOYER: _____	
SIGNED: _____	DATE: _____

<b>ASSESSOR DETAILS (ASSESSOR TO FILL OUT)</b>		
AS AN ATITO WORKPLACE ASSESSOR I VERIFY THAT I HAVE ASSESSED THE PERSON ABOVE AS COMPETENT IN THE UNIT STANDARD(S) LISTED BELOW.		
SIGNED: _____	DATE: ____/____/____	
FULL NAME: _____	WA Number: <table border="1"><tr><td> </td></tr></table>	

*It is recommended that Workplace Assessors contact the ATITO before embarking on assessment to ensure that they have the latest information.*

UNIT ID	UNIT STANDARD TITLE	LEVEL	CREDIT	SIGNED (ASSESSOR)
TOTAL CREDITS				

### Payment for credit fees enclosed (\$1.55 per credit):

YES       NO – ATITO will invoice employer - please attach company order number if necessary.

Assessor: Ensure this form is completed in full. Make 2 extra copies. Give one to the trainee, keep one for your files, and send the **original** to:

Apparel & Textile ITO  
PO Box 13-210  
Christchurch