Achievement Record

iUCT34 – Business practice for complementary therapies

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 examiner on their visit.

Learner name: ____________________________________________

Learner number: __________________________________________

Centre name: Devon Academy Of Complementary Therapies

<table>
<thead>
<tr>
<th>Portfolio of evidence containing:</th>
<th>Please tick box:</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assignment</td>
<td>✅</td>
<td></td>
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</tbody>
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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: ______________

External examiner name (If sampled): ______________________________

External examiner signature (If sampled): __________________________ Date: ______________