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| --- |
| Candidate Name: …………………………………………. Evidence Log: ……………. Units: ………….Assessor Questioning Record |
| This evidence record above has been judged as valid, reliable and authentic. It will be considered as part of the overall evidence requirements for this unit. |

**Assessor Questioning Record**

**Candidate Signature……………………………………………………….. Date……………….**

**Assessor Signature…………………………………………………………Date………………...**