



Candidate Name			
Candidate Ref. No.			
Qualification Title			
Review Number		Review Date	

PROGRESS – General

	(Tick)	Excellent	Good	Satisfactory	Unsatisfactory
Attendance					
Punctuality					
Appropriateness of dress (if applicable)					
Interaction with other Candidates					
Willingness / enthusiasm					
Attitude to use of equipment					
Ability to carry out/complete tasks					
Ability to work without supervision					

PROGRESS – Training

How well do you feel you understand the tasks?	
Are you able to complete task within the time frame given?	
Is your training progressing at a comfortable rate, and how well do you feel you are achieving?	
Are there any areas where you feel you require additional support in your training?	

ACTION PLAN

Targets/Objectives	Actions & activities	By whom	Target Achievement date

Candidate Name			
SIGNATURE		DATE	

Trainer Name			
SIGNATURE		DATE	

NEXT REVIEW (if applicable)

LOCATION			
DATE		TIME	