

Supervisor's Report Work Experience (W20008)

Participant's Name: _____ Centre Name: _____ Tel. No.: _____

Organisation/Company Name: _____ Supervisor's Name: _____ No. of days worked: _____

Guidelines This report forms an important part of the overall assessment of Work Experience for certification at NCVA Level 2. It should be completed by a supervisor/manager who has observed the participant in the workplace. Please indicate the participant's performance by placing a tick for each of the criteria under one of the headings. *Excellent should only be used in cases of outstanding performance.*

Criteria	Further Comments				
	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Interest in the work					
Awareness of health & safety practices					
Appropriate dress					
Ability to follow instructions					
Quality of agreed/assigned work					
Practical Skills					
Use of workplace equipment					
Punctuality					
Attendance at workplace					
Relating to co-workers					
Relating to supervisor					
Communicating with customers					
Acceptance of direction/criticism					
Initiative					
Adaptability					

Brief description of work undertaken by candidate

Any comments or suggestions on work experience arrangements

Any other comments.

Signature of workplace Supervisor: _____

Date: _____

Issued by the National Council for Vocational Awards

