

## 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.*

	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Unable to Assess	
Criteria							<b>Further Comments</b>
Interest in the work							Brief description of work undertaken by candidate           Any comments or suggestions on work experience arrangements           Any other comments.
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							

Signature of workplace Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

