FALKIRK COUNCIL SOCIAL SERVICES ASSESSMENT CENTRE

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| **EVIDENCE NO:** |  |
| **DATE:** |  |

**EVIDENCE GATHERING FORM**

#### IDENTIFY EVIDENCE TYPE

**DIRECT OBSERVATION REFLECTIVE ACCOUNT**

**QUESTIONS EXPERT WITNESS**

**PRODUCT WITNESS TESTIMONY**

**PROFESSIONAL DISCUSSION OTHER**

| **CANDIDATE NAME:** |  |
| --- | --- |
|  |  |  |
|  **Unit,**  **PCs**  | **UNIT**  | Knowledge |
|  |  |  |  |  |  |  |

**COMMENTS/FEEDBACK TO CANDIDATE**

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| **If witness testimony used please state who supplied testimony and relationship to candidate.** |

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| **Additional evidence and clarification***This might be used to record additional questions or the candidate may use it to write an additional paragraph* | **Unit, PCs** | **Knowledge** |
|  |  |  |

**WITNESS TESTIMONY (If applicable)**

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| **Expert Witness Signature (***If applicable):* |  |
| **Candidate Signature:** |  |
| **Assessor Signature:** |  |
| **Date:** |  |