FALKIRK COUNCIL SOCIAL SERVICES ASSESSMENT CENTRE

|  |  |
| --- | --- |
| **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**

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

|  |  |  |
| --- | --- | --- |
| **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)**

|  |
| --- |
|  |

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