

## CTSI Qualification Framework Assessment Plan

Candidate Name\* **Insert name here**

Candidate Number\* **Insert Candidate Number here**

Assessor\* **Insert your name here**

Verifier Name\* **Insert Verifier name here**

*Date of Initial Contact with Verifier:* **Insert date of initial contact with Verifier here**

Generic	<input type="checkbox"/>	<b>OPTIONAL</b>	
Weights & Measures	<input type="checkbox"/>	Feed	<input type="checkbox"/>
Investigations	<input type="checkbox"/>	Food	<input type="checkbox"/>
Regulating Markets	<input type="checkbox"/>	Product Safety	<input type="checkbox"/>

**Mark an X in the box to  
confirm the Portfolio subject**

### Proposed Methods of Assessment

Examination of product	<input type="checkbox"/>	Assessor Observation	<input type="checkbox"/>
Witness Observation	<input type="checkbox"/>	Candidate Questioning	<input type="checkbox"/>
Projects and Assignments	<input type="checkbox"/>	Witness Testimony	<input type="checkbox"/>
Prior Achievement/Learning	<input type="checkbox"/>		<input type="checkbox"/>

**Please note, 3 types of  
evidence is required for each  
task. Ensure that you identify at  
least 3 types by marking an x to  
those which apply**

Date of initial meeting: \_\_\_\_\_ **Please enter the date of the first meeting to discuss the Portfolio between the Assessor and the Candidate**

Target date for first formal assessment: \_\_\_\_\_ **Please enter the date you as the Assessor intend to carry out the first formal assessment and write your first Feedback Report Form**

Target date for completion \_\_\_\_\_ **Please enter the proposed completion date of the Portfolio building process including evidence gathered, logged and referenced - This is the last sample the Verifier will do before completing their Submission for Certification to CTSI**

**Assessment Plan:** *including dates, locations, and personnel required to perform specific tasks:*

*Insert details below*

Candidate Signature

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Date:

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**Please note, the Candidate needs to sign the plan within 7 days of the initial meeting taking place**

Assessor Name:

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Assessor Signature

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Date:

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## Amendment Sheet

Please log any further assessment dates and changes to assessment dates along with any changes to the proposed completion date

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_

15. \_\_\_\_\_