

Viva Assessment Record

The candidate	
Name of candidate	
Date	
Stage of Supervised Practice	

Report	
Name of supervisor	
<p>Please provide your independent assessment of the candidate's competency including a consideration of whether the candidate has demonstrated they have met the CLSB outcomes (ACLT SP Clusters) with a broad knowledge and understanding of their discipline and its associated competencies, the application of these, strengths and weaknesses in the individuals ability and any particular issues that you wish to draw out in the oral examination.</p>	

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Name of Supervisor:	
Outcome:	
Signed:	Date:

Name of Trainee	
Signed:	Date: