Team Validation Record Form

1. Validation Session Details

Type of Validation	☐ **Pre-Validation** ☐ **Post-Validation**
Date of Validation	
Unit Code & Title	
Qualification	
Training Package	
Validation Lead	
Other Validators	(List names and qualifications)
Location / Mode	☐ Online ☐ Face-to-face ☐ Hybrid

2. Validators' Competency

☐ All validators hold vocational competency and current industry skills

☐ All validators hold TAE40116 or equivalent

☐ Lead validator is independent (not directly involved in delivery or assessment of the unit being validated)

Name	**Position**	**Qualification/Industry Experience**	**Signature**

3. Assessment Tool Review

Assessment Tool Component	**Satisfactory?**	**Comments / Improvements Needed**
Mapping Document	☐ Yes ☐ No	
Instructions to Candidate	☐ Yes ☐ No	
Instructions to Assessor	☐ Yes ☐ No	

Assessment Tool Component	Satisfactory?	Comments / Improvements Needed
Assessment Tasks	☐ Yes ☐ No	
Marking Guide / Benchmark	☐ Yes ☐ No	
Validity	☐ Yes ☐ No	
Reliability	☐ Yes ☐ No	
Flexibility	☐ Yes ☐ No	
Fairness	☐ Yes ☐ No	
Sufficiency	☐ Yes ☐ No	
Authenticity	☐ Yes ☐ No	
Currency	☐ Yes ☐ No	

Validation Findings

Criteria	Compliant	Non-Compliant	Comments/Recommendations
Assessment meets unit requirements	☐	☐	
Assessment instructions are clear and complete	☐	☐	
Tools support valid, reliable, flexible, fair assessment	☐	☐	
Judgement evidence aligns with benchmark	☐	☐	
Assessment decisions are consistent	☐	☐	
Feedback mechanisms are effective	☐	☐	

4. Assessment Evidence Review (for Post-Validation)

Candidate Identifier Assessment Outcome Evidence Reviewed Validation Notes

- Minimum of two completed student submissions recommended per tool.

5. Summary of Findings

[Free text area for discussion outcomes, strengths, areas for improvement, anomalies, and any non-compliance identified.]

6. Actions and Recommendations

Improvement / Action Required	Responsible Person	Due Date	Completed
			☐ Yes ☐ No
			☐ Yes ☐ No

7. Validation Team Sign-Off

Final Review and Sign-Off

Validation Lead Name _____

Signature _____

Date _____

Compliance/QA Officer Sign-Off _____

Date _____